| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| MIDDLE DISTRICT OF FLORIDA - TAMPA DIVISION     | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | Chapter 7                       |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ☐ Chapter 13                    | Check if this an amended filing |

# Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself   |   |   |
|----|---|---|---|
|    |   | About Debtor 1:                                 | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name  |   |   |
|    | Write the name that is on your government-issued picture identification (for example, your driver's               | Albert First name                               | First name                                    |
|    | license or passport).   | Middle name                                     | Middle name                                   |
|    | Bring your picture identification to your meeting with the trustee.   | Habeil Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2. | All other names you have used in the last 8 years   |   |   |
|    | Include your married or maiden names.   |   |   |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-4003                                     |   |

Debtor 1 Albert Habeil Case number (if known)

|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |  |
|--|---|---|---|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.  |  |  |  |
|  | Include trade names and doing business as names           | Business name(s)  | Business name(s)  |  |  |  |
|  |   | EINs  | EINs  |  |  |  |
| 5.   | Where you live  | 7112 Highlands Creek Ave<br>Lakeland, FL 33813  | If Debtor 2 lives at a different address:   |  |  |  |
|  |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code  |  |  |  |
|  |   | Polk<br>County  | County  |  |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |  |  |  |
| 6.   | Why you are choosing this district to file for bankruptcy | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |  |  |  |
|  |   |   |   |  |  |  |

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Case number (if known)

| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  Chapter 7 |                              |  |  |   |  |  |  |
|-----|---|--|------------------------------|--|--|---|--|--|--|
|     | choosing to file under  |  |                              |  |  |   |  |  |  |
|     |   | ☐ Chap   | oter 11                      |  |  |   |  |  |  |
|     |   | ☐ Chap   | oter 12                      |  |  |   |  |  |  |
|     |   | ☐ Chap   | oter 13                      |  |  |   |  |  |  |
| 8.  | How you will pay the fee  | ab<br>or   | out how yo                   | ou may pay. Typic<br>attorney is subm    | ally, if you are paying the fee yo                                     | k with the clerk's office in your local court for more de<br>ourself, you may pay with cash, cashier's check, or mo<br>alf, your attorney may pay with a credit card or check |  |  |  |
|     |   |  |                              |  | <b>Ilments.</b> If you choose this option (Official Form 103A).        | on, sign and attach the Application for Individuals to P  |  |  |  |
|     |   | ☐ Ir   | equest that<br>it is not rec | at my fee be waiv<br>quired to, waive yo | ved (You may request this option<br>our fee, and may do so only if you | n only if you are filing for Chapter 7. By law, a judge mur income is less than 150% of the official poverty line installments). If you choose this option, you must fill     |  |  |  |
|     |   | the  | e <i>Applicati</i>           | on to Have the Ch                        | you are unable to pay the fee in papter 7 Filing Fee Waived (Office    | installments). If you choose this option, you must life it with your petition.  |  |  |  |
| 9.  | Have you filed for bankruptcy within the  | ■ No.  |                              |  |  |   |  |  |  |
|     | last 8 years?   | ☐ Yes.   |                              |  |  |   |  |  |  |
|     |   |  | District                     |  | When   | Case number   |  |  |  |
|     |   |  | District                     |  | When   | Case number   |  |  |  |
|     |   |  | District                     |  | When   | Case number   |  |  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ No   |                              |  |  |   |  |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes.   |                              |  |  |   |  |  |  |
|     |   |  | Debtor                       |  |  | Relationship to you   |  |  |  |
|     |   |  | District                     |  | When   | Case number, if known   |  |  |  |
|     |   |  | Debtor                       |  |  | Relationship to you   |  |  |  |
|     |   |  | District                     |  | When   | Case number, if known   |  |  |  |
| 11. | Do you rent your residence?   | ■ No.  | Go to                        | line 12.                                 |  |   |  |  |  |
|     | residence:  | ☐ Yes.   | Has yo                       | our landlord obtair                      | ned an eviction judgment agains  | t you?  |  |  |  |
|     |   |  |                              | No. Go to line 12                        | 2.   |   |  |  |  |
|     |   |  |                              |  |  | Judgment Against You (Form 101A) and file it as part  |  |  |  |

Debtor 1 Albert Habeil

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| Deb   | otor 1 Albert Habeil  |                              |   |  | Case number (if known)   |  |  |  |
|---|---|------------------------------|---|--|--|--|--|--|
|   |   |                              |   |  |  |  |  |  |
| Par   | t 3: Report About Any Bu  | ısinesses                    | You Own                                   | as a Sole Proprie  | tor  |  |  |  |
| 12. Are you a sole proprietor of any full- or part-time business?   |   | ■ No.                        | ■ No. Go to Part 4.                       |  |  |  |  |  |
|   |   | ☐ Yes.                       | siness                                    |  |  |  |  |  |
|   | A sole proprietorship is a  |                              |   |  |  |  |  |  |
|   | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                              | Name                                      | of business, if any  |  |  |  |  |
|   | If you have more than one sole proprietorship, use a separate sheet and attach  |                              | Numb                                      | er, Street, City, Stat   | te & ZIP Code  |  |  |  |
|   | it to this petition.  |                              | Check                                     | k the appropriate bo   | ox to describe your business:  |  |  |  |
|   | ·   |                              |   |  | ness (as defined in 11 U.S.C. § 101(27A))  |  |  |  |
|   |   |                              |   | Single Asset Real  | Estate (as defined in 11 U.S.C. § 101(51B))  |  |  |  |
|   |   |                              |   | Stockbroker (as d  | lefined in 11 U.S.C. § 101(53A))   |  |  |  |
|   |   |                              |   | Commodity Broke  | er (as defined in 11 U.S.C. § 101(6))  |  |  |  |
|   |   |                              |   | None of the above  | e  |  |  |  |
| 13. Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor? |   | deadline operation in 11 U.S | s. If you in<br>ns, cash-fl<br>S.C. 1116( | idicate that you are<br>ow statement, and f<br>1)(B).  | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure |  |  |  |
|   | For a definition of small   | No.                          | rann                                      | I am not filing under Chapter 11.  |  |  |  |  |
|   | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                        |   | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |  |
|   |   | ☐ Yes.                       | I am f                                    | ling under Chapter   | 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  |  |  |  |
| Par   | t 4: Report if You Own or   | Have Any                     | y Hazardo                                 | us Property or An  | y Property That Needs Immediate Attention  |  |  |  |
| 14.   | Do you own or have any  | ■ No.                        |   |  |  |  |  |  |
|   | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to                                | ☐ Yes.                       | What is                                   | the hazard?  |  |  |  |  |
|   | public health or safety?<br>Or do you own any<br>property that needs  |                              |   | liate attention is   |  |  |  |  |
|   | immediate attention?  |                              | needed,                                   | why is it needed?  |  |  |  |  |
|   | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                 |                              | Where is                                  | s the property?  | Number Street City State 9 7in Code  |  |  |  |
|   |   |                              |   |  | Number, Street, City, State & Zip Code   |  |  |  |
|   |   |                              |   |  |  |  |  |  |

Debtor 1 Albert Habeil Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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|             |  |   |                               |   | Case number (if known)                             |  |  |  |  |  |
|-------------|--|---|-------------------------------|---|--|--|--|--|--|--|
| Part 6:     | Answer These Quest   | ions for Re   | porting Purposes              |   |  |  |  |  |  |  |
| 16. Wh      | at kind of debts do  | 16a.  | Are your debts primarily      |   | e defined in 11 U.S.C. § 101(8) as "incurred by an |  |  |  |  |  |
|             |  |   | □ No. Go to line 16b.         |   |  |  |  |  |  |  |
|             |  |   | Yes. Go to line 17.           |   |  |  |  |  |  |  |
|             |  | 16b.  |                               |   |  |  |  |  |  |  |
|             |  |   | ☐ No. Go to line 16c.         |   |  |  |  |  |  |  |
|             |  |   | ☐ Yes. Go to line 17.         |   |  |  |  |  |  |  |
|             |  | 16c.  | State the type of debts you   | u owe that are not consumer debts or bu   | siness debts                                       |  |  |  |  |  |
|             |  | Countries for Reporting Purposes  |                               |   |  |  |  |  |  |  |
| afte<br>pro | er any exempt operty is excluded and   |   | are paid that funds will be   |   |  |  |  |  |  |  |
|             | 16. What kind of debts do you have?  16. What kind of debts do you have?  16. Are you filing under Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?  18. How many Creditors do you estimate that you owe?  19. How much do you estimate your assets to be worth?  10. How much do you estimate your liabilities to be?  11. Are you filing under chapter in the control of the contr |   | No                            |   |  |  |  |  |  |  |
| dis         |  | ☐ Yes   |                               |   |  |  |  |  |  |  |
|             |  | <b>■</b> 1-49   |                               | <b>1</b> ,000-5,000                       | <b>25,001-50,000</b>                               |  |  |  |  |  |
|             |  | _   |                               | •   | <u> </u>   |  |  |  |  |  |
|             |  |   |                               | □ 10,001-25,000                           | ☐ More than100,000                                 |  |  |  |  |  |
| 19. Ho      | w much do you  | □ \$0 - \$5   | 50.000                        | ☐ \$1 000 001 - \$10 million              | □ \$500,000,001 - \$1 billion                      |  |  |  |  |  |
|             |  |   |                               |   | □ \$1,000,000,001 - \$10 billion                   |  |  |  |  |  |
| De '        | worth?   | <b>\$100,0</b>  | 01 - \$500,000                | _ ' ' ' '                                 | □ \$10,000,000,001 - \$50 billion                  |  |  |  |  |  |
|             |  | □ \$500,0   | 01 - \$1 million              | ☐ \$100,000,001 - \$500 million           | n ☐ More than \$50 billion                         |  |  |  |  |  |
|             |  | □ \$0 - \$5   | 50,000                        | □ \$1,000,001 - \$10 million              | ☐ \$500,000,001 - \$1 billion                      |  |  |  |  |  |
|             | _  | \$50,00   | 01 - \$100,000                | □ \$10,000,001 - \$50 million             | □ \$1,000,000,001 - \$10 billion                   |  |  |  |  |  |
| 101         |  | '   |                               |   | \$10,000,000,001 - \$50 billion                    |  |  |  |  |  |
|             |  | □ \$500,0   | 01 - \$1 million              | □ \$100,000,001 - \$500 millior           | n ☐ More than \$50 billion                         |  |  |  |  |  |
| Part 7:     | Sign Below   |   |                               |   |  |  |  |  |  |  |
| For you     |  | I have exa  | amined this petition, and I c | declare under penalty of perjury that the | information provided is true and correct.          |  |  |  |  |  |
| -           |  | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |                               |   |  |  |  |  |  |  |
|             |  |   |                               |   |  |  |  |  |  |  |
|             |  | I request i   | elief in accordance with the  | e chapter of title 11, United States Code | , specified in this petition.                      |  |  |  |  |  |
|             |  |   |                               |   |  |  |  |  |  |  |
|             |  | Albert H  | abeil                         | Signature of D                            | Debtor 2   |  |  |  |  |  |
|             |  | Executed  | on <b>April 18, 2019</b>      | Executed on                               |  |  |  |  |  |  |
|             |  |   | MM / DD / YYYY                |   | MM / DD / YYYY                                     |  |  |  |  |  |

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| Debtor 1 Albert Habeil  |   | Ca                          | se number (if known)  |
|---|---|-----------------------------|---|
|   |   |                             |   |
| For your attorney, if you are represented by one                              | under Chapter 7, 11, 12, or 13 of title 11, United  | d States Code, and have     | e informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) |
| If you are not represented by an attorney, you do not need to file this page. | and, in a case in which § 707(b)(4)(D) applies, schedules filed with the petition is incorrect. | certify that I have no know | wledge after an inquiry that the information in the   |
|   | /s/ Eva Donohue   | Date                        | April 18, 2019  |
|   | Signature of Attorney for Debtor  |                             | MM / DD / YYYY  |
|   | Eva Donohue 0576581   |                             |   |
|   | Printed name  |                             |   |
|   | Eva Donohue, P.A.   |                             |   |
|   | Firm name   |                             |   |
|   | PO Box 5074   |                             |   |

Email address

info@emdlawfirm.com

Lakeland, FL 33807 Number, Street, City, State & ZIP Code

0576581 FL Bar number & State

Contact phone **863-687-6400** 

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| Fill           | n this information to identify your case:   |            |                                 |
|----------------|---|------------|---------------------------------|
| Deb            | 7 HOUTE THEODIE   |            |                                 |
| Deb            | First Name Middle Name Last Name or 2   |            |                                 |
| (Spot          | se if, filing) First Name Middle Name Last Name   |            |                                 |
| Unit           | ed States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA - TAMPA DIVISION   |            |                                 |
| Cas<br>(if kno | e numberwn)   | _          | ck if this is an<br>nded filing |
|                |   |            |                                 |
|                | icial Form 106Sum   |            |                                 |
|                | nmary of Your Assets and Liabilities and Certain Statistical Information complete and accurate as possible. If two married people are filing together, both are equally responsible for                                   | r cupply   | 12/15                           |
| infor          | responsible to the control of your schedules first; then complete the information on this form. If you are filing amend original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. |            |                                 |
| Part           | 1: Summarize Your Assets  |            |                                 |
|                |   |            | assets<br>of what you own       |
| 1.             | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$         | 299,000.00                      |
|                | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$         | 32,941.50                       |
|                | 1c. Copy line 63, Total of all property on Schedule A/B   |            | ,                               |
|                |   | \$         | 331,941.50                      |
| Part           | 2: Summarize Your Liabilities   |            |                                 |
|                |   |            | liabilities<br>int you owe      |
| 2.             | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                        | \$         | 325,356.00                      |
| 3.             | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$         | 19,902.70                       |
|                | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$         | 9,225.32                        |
|                | Your total liabilities  | \$         | 354,484.02                      |
| Part           | 3: Summarize Your Income and Expenses   |            |                                 |
| 4.             | Schedule I: Your Income (Official Form 106I)  |            |                                 |
|                | Copy your combined monthly income from line 12 of Schedule I  | \$         | 0.00                            |
| 5.             | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$         | 6,088.57                        |
| Part           | 4: Answer These Questions for Administrative and Statistical Records  |            |                                 |
| 6.             | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you  | ur other s | chedules.                       |
| 7.             | ■ Yes What kind of debt do you have?  |            |                                 |
|                | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.         | a persona  | al, family, or                  |
|                | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules.   | box and    | submit this form to             |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Debtor 1 Albert Habeil Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_7,692.28

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on <i>Schedule E/F</i> , copy the following:   | Total | claim     |
|--|-------|-----------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 19,902.70 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$    | 0.00      |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 19,902.70 |

|                                  |  | Case                                 | ).19-DK-0330                                | U-CF                   | IVI DUC                            | 1 11160 04/10/  | is rage          | 10 01 02                               |  |  |
|----------------------------------|--|--------------------------------------|---|------------------------|------------------------------------|---|------------------|--|--|--|
| Fill in                          | this informa                                   | ation to identify                    | your case and th                            | nis filing             | g:                                 |   |                  |  |  |  |
| Debtor                           | r 1  | Albert Habe                          | il  |                        |                                    |   |                  |  |  |  |
|                                  |  | First Name                           | Middle                                      | Name                   |                                    | Last Name   |                  |  |  |  |
| Debtor<br>(Spouse,               |  | First Name                           | Middle                                      | Name                   |                                    | Last Name   |                  |  |  |  |
| United                           | States Banl                                    | kruptcy Court for                    | the: MIDDLE DI                              | ISTRIC <sup>*</sup>    | T OF FLORIDA                       | A - TAMPA DIVISION  |                  |  |  |  |
| Case r                           | number   |                                      |   |                        |                                    | -   |                  |  | ☐ Check if this is an amended filing                 |  |
| Offic                            | cial For                                       | m 106A/E                             | 3   |                        |                                    |   |                  |  |  |  |
| Sch                              | edule  | A/B: P                               | roperty                                     |                        |                                    |   |                  |  | 12/15  |  |
| think it f<br>informat<br>Answer | fits best. Be<br>tion. If more<br>every questi | as complete and space is needed, on. | accurate as possibl<br>attach a separate sl | e. If two<br>heet to t | married people<br>his form. On the | an asset fits in more than<br>e are filing together, both<br>e top of any additional pa | are equally resp | onsible for su                         | oplying correct                                      |  |
| Part 1:                          | Describe E                                     | ach Residence, B                     | uliding, Land, or Ot                        | ner Kea                | i Estate fou Ow                    | n or Have an Interest In  |                  |  |  |  |
| 1. <b>Do y</b> o                 | ou own or ha                                   | ve any legal or ec                   | quitable interest in a                      | ny resid               | lence, building,                   | land, or similar property   | ?                |  |  |  |
| □ No                             | o. Go to Part 2                                | 2.                                   |   |                        |                                    |   |                  |  |  |  |
| ■ Ye                             | es. Where is t                                 | the property?                        |   |                        |                                    |   |                  |  |  |  |
|                                  |  |                                      |   |                        |                                    |   |                  |  |  |  |
|                                  |  |                                      |   |                        |                                    | _   |                  |  |  |  |
| 1.1                              | 112 Highle                                     | ands Crook A                         | <b>10</b>                                   | What                   |                                    | /? Check all that apply   |                  |  |  |  |
|                                  |  | ands Creek Avavailable, or other des |   |                        | Single-family h                    |   |                  |  | ims or exemptions. Put I claims on Schedule D:       |  |
|                                  |  |                                      | ·   |                        |                                    |   |                  | s Who Have Claims Secured by Property. |  |  |
|                                  |  |                                      |   |                        | Manufactured                       | or mobile home  | Current va       | lue of the                             | Current value of the                                 |  |
| L<br>Ci                          | akeland  | FL<br>State                          | 33813-0000<br>ZIP Code                      |                        | Land Investment pro                | operty  | entire proj      |  | portion you own? \$299,000.00                        |  |
| O.                               | ity  | Claic                                | 211 0000                                    |                        | Timeshare                          | орену   | <u>.</u>         |  | . ,  |  |
|                                  |  |                                      |   |                        | Other                              |   | (such as f       |  | our ownership interest<br>ancy by the entireties, or |  |
|                                  |  |                                      |   |                        | has an interest<br>Debtor 1 only   | t in the property? Check or   | ic .             | by the Ent                             | irety  |  |
| Р                                | olk  |                                      |   |                        |                                    |   |                  |  |  |  |
| Co                               | ounty  |                                      |   |                        |                                    | Debtor 2 only   |                  |  |  |  |
|                                  |  |                                      |   |                        | At least one of                    | f the debtors and another   |                  | t If this is com<br>structions)        | munity property                                      |  |
|                                  |  |                                      |   |                        | r information ye                   | ou wish to add about this<br>on number:   | item, such as lo | cal                                    |  |  |
|                                  |  |                                      |   | plat                   | thereof rec                        | ANDS CREEK PHAS<br>orded in Plat Book<br>c County, Florida                              |                  |  |  |  |
|                                  |  |                                      |   |                        |                                    |   |                  |  |  |  |
|                                  |  |                                      |   |                        |                                    | rom Part 1, including   |                  | .=>                                    | \$299,000.00   |  |
| Part 2:                          | Describe Y                                     | our Vehicles                         |   |                        |                                    |   |                  |  |  |  |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Debtor 1                                | Albert Habeil  |  | Case number (if known)                |  |
|---|--|--|---------------------------------------|--|
| . Cars, va                              | ns, trucks, tractors, sport utility vel                                      | hicles, motorcycles  |                                       |  |
| □ No                                    |  |  |                                       |  |
| _                                       |  |  |                                       |  |
| Yes                                     |  |  |                                       |  |
|   | Chrysler   |  | Do not deduct secured                 | d claims or exemptions. Put  |
| 3.1 Make                                |  | Who has an interest in the property? Check one   | the amount of any sec                 | ured claims on Schedule D:   |
| Mode                                    |  | ■ Debtor 1 only  | Creditors Who Have C                  | Claims Secured by Property.  |
| Year:                                   | : <b>2016</b> oximate mileage: <b>56000</b>                                  | ☐ Debtor 2 only  | Current value of the entire property? | Current value of the portion you own?  |
|   | er information:  | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another   | entire property:                      | portion you own?   |
|   |  | At least one of the deptors and another  |                                       |  |
|   |  | ☐ Check if this is community property (see instructions)   | \$15,757.00                           | \$15,757.00  |
|   | Dodgo  |  | Do not deduct secured                 | d claims or exemptions. Put  |
| 3.2 Make                                |  | Who has an interest in the property? Check one   | the amount of any sec                 | ured claims on Schedule D:   |
| Mode                                    | ·  | Debtor 1 only  | Creditors Who Have C                  | Claims Secured by Property.  |
| Year:                                   |  | Debtor 2 only  | Current value of the                  | Current value of the   |
| • | roximate mileage: 109915   | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another   | entire property?                      | portion you own?   |
| Othe                                    | i mornation.   | At least one or the deptors and another  |                                       |  |
|   |  | ☐ Check if this is community property (see instructions)   | \$8,445.00                            | \$8,445.00   |
| 3.3 Make                                | e: Nissan  | Who has an interest in the property? Check one   |                                       | d claims or exemptions. Put  |
| Mode                                    | el: Sentra   | ☐ Debtor 1 only  |                                       | cured claims on Schedule D:<br>Claims Secured by Property.                         |
| Year                                    |  | Debtor 2 only  | Current value of the                  | Current value of the   |
| Appro                                   | oximate mileage: <b>75000</b>  | Debtor 1 and Debtor 2 only   | entire property?                      | portion you own?   |
| Othe                                    | r information:   | At least one of the debtors and another  |                                       |  |
|   |  |  | <b>\$0.044.0</b> 0                    |  |
|   |  | Check if this is community property (see instructions)   | \$6,311.00                            | 96,311.00  |
|   |  | d other recreational vehicles, other vehicles, tercraft, fishing vessels, snowmobiles, motorcycles,  |                                       |  |
|   |  | n for all of your entries from Part 2, including that number here  |                                       | \$30,513.00  |
| ort 2                                   | scribe Your Personal and Household Ite                                       |  |                                       |  |
|   |  | terest in any of the following items?  |                                       | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| Example ☐ No                            | old goods and furnishings es: Major appliances, furniture, linens,  Describe | , china, kitchenware   |                                       |  |
|   | Sofa; loveseat;<br>dining room tab<br>refrigerator; mis<br>coffee maker; ki  | coffee table; end table; entertainment co<br>ble; curio/china cabinet; (3) book shelves<br>sc. cookware; dishwasher; microwave; t<br>itchen table; (4) beds; (3) dressers; armo<br>asher and dryer; iron; office desk and cl | s; stove;<br>toaster;<br>oire; (4)    | \$1,223,5  |

Official Form 106A/B Schedule A/B: Property page 2

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| D  | ebtor 1          | Albert Habeil   | Case number (if known)            |  |
|----|------------------|---|-----------------------------------|--|
| 7. | ·                | ics es: Televisions and radios; audio, video, stereo, and digital equipment; compute including cell phones, cameras, media players, games             | rs, printers, scanners; music co  | llections; electronic devices                                |
|    | □ No<br>■ Yes. I | Describe  |                                   |  |
|    |                  | TV; (2) small bedroom TVs; DVD player; printer  |                                   | \$150.00   |
| В. |                  | oles of value<br>es: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or<br>other collections, memorabilia, collectibles | other art objects; stamp, coin, o | or baseball card collections;                                |
|    |                  | Describe  |                                   |  |
| 9. |                  | ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool ta musical instruments                       | bles, golf clubs, skis; canoes a  | nd kayaks; carpentry tools;                                  |
|    | ☐ Yes. I         | Describe  |                                   |  |
| 10 | ■ No             | les: Pistols, rifles, shotguns, ammunition, and related equipment   |                                   |  |
|    |                  | Describe  |                                   |  |
| 11 | □ No ´           | eles: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  Describe  |                                   |  |
|    |                  | Normal misc. wearing apparel  |                                   | \$50.00  |
| 12 | □ No             | / vles: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirle Describe  Men's ring and necklace                                  | oom jewelry, watches, gems, gc    | old, silver<br>\$5.00  |
|    |                  | gg  |                                   |  |
| 13 | Exampl<br>☐ No   | rm animals  les: Dogs, cats, birds, horses  Describe  |                                   |  |
|    |                  | Dog and Cat   |                                   | \$0.00   |
| 14 | ■ No             | ner personal and household items you did not already list, including any h  | ealth aids you did not list       |  |
|    | □ 163. V         | Give specific information   | Γ                                 |  |
| 15 |                  | he dollar value of all of your entries from Part 3, including any entries for part 3. Write that number here  | ages you have attached            | \$1,428.50   |
|    |                  | scribe Your Financial Assets  |                                   |  |
| D  | o you ow         | n or have any legal or equitable interest in any of the following?  |                                   | Current value of the portion you own?  Do not deduct secured |

Official Form 106A/B Schedule A/B: Property page 3

claims or exemptions.

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| De  | ebtor 1          | Albert Habeil  | Case number (if known)                                      |                     |
|-----|------------------|--|---|---------------------|
| 16. | □ No É           | ples: Money you have in your wallet, in your home, in a safe o   |   |                     |
|     |                  |  | Cash  | \$1,000.00          |
| 17. | Examp            | its of money ples: Checking, savings, or other financial accounts; certificate institutions. If you have multiple accounts with the same   |   | nd other similar    |
|     | ■ No<br>□ Yes    | Institutio   | on name:  |                     |
| 18. | Bonds,           | s, mutual funds, or publicly traded stocks  ples: Bond funds, investment accounts with brokerage firms, r  |   |                     |
|     | ☐ Yes            | Institution or issuer name:  |   |                     |
| 19. |                  | ublicly traded stock and interests in incorporated and univenture  | incorporated businesses, including an interest in an LL     | C, partnership, and |
|     | ☐ Yes.           | Give specific information about them  Name of entity:  | % of ownership:   |                     |
| 20. | Negotia          | nment and corporate bonds and other negotiable and nor tiable instruments include personal checks, cashiers' checks, legotiable instruments are those you cannot transfer to some common transfer transfer to some common transfer transfe | promissory notes, and money orders.                         |                     |
|     | _                | Give specific information about them<br>Issuer name:   |   |                     |
| 21. | _Examp           | ment or pension accounts ples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift sav  | rings accounts, or other pension or profit-sharing plans    |                     |
|     | ■ No<br>□ Yes. I | List each account separately.  Type of account:  Institution   | on name:  |                     |
| 22. | Your sl<br>Examp | ity deposits and prepayments<br>share of all unused deposits you have made so that you may oples: Agreements with landlords, prepaid rent, public utilities (  |   | ers                 |
|     | ■ No<br>□ Yes.   | Institution  | on name or individual:                                      |                     |
| 23. | Annuiti ■ No     | ties (A contract for a periodic payment of money to you, either  | r for life or for a number of years)                        |                     |
|     | ☐ Yes            | Issuer name and description.   |   |                     |
| 24. |                  | ts in an education IRA, in an account in a qualified ABLE C. §§ 530(b)(1), 529A(b), and 529(b)(1).   | program, or under a qualified state tuition program.        |                     |
|     | Yes              | Institution name and description. Separately fil   | le the records of any interests.11 U.S.C. § 521(c):         |                     |
| 25. | Trusts,<br>■ No  | , equitable or future interests in property (other than anyt   | thing listed in line 1), and rights or powers exercisable f | or your benefit     |
|     | _                | Give specific information about them   |   |                     |
| 26. | _Examp           | es, copyrights, trademarks, trade secrets, and other intellectual ples: Internet domain names, websites, proceeds from royaltic  |   |                     |
|     | ■ No             |  |   |                     |

Official Form 106A/B Schedule A/B: Property page 4

 $\hfill \square$  Yes. Give specific information about them...

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| D   | ebtor 1              | Albert             | Habeil   |  |                    | Case number (if known)               |   |
|-----|----------------------|--------------------|--|--|--------------------|--------------------------------------|---|
| 27  | Examp  ■ No          | oles: Build        |  | enses, cooperative associat                                    | on holdings, lic   | uor licenses, professional licens    | ses   |
|     | ⊔ Yes.               | Give spe           | cific information about th                     | em   |                    |                                      |   |
| M   | oney or <sub>l</sub> | property           | owed to you?                                   |  |                    |                                      | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28  | ■ No                 |                    | ed to you                                      | em including whether you al                                    | ready filed the    | returns and the tax years            |   |
|     | <b>—</b> 100.        | Oive spe           | sine information about the                     | on, morading whomer you ar                                     | ready med the      | otario and the tax years             |   |
| 29  | Examp                |                    | due or lump sum alimon                         | y, spousal support, child sup                                  | port, maintena     | nce, divorce settlement, propert     | y settlement  |
| 30  | Examp  ■ No          | oles: Unpa<br>bene | efits; unpaid loans you m                      |  | enefits, sick pay  | v, vacation pay, workers' compe      | ensation, Social Security   |
|     |                      |                    | cific information                              |  |                    |                                      |   |
| 31  | Examp                |                    | urance policies th, disability, or life insura | ance; health savings account                                   | (HSA); credit,     | homeowner's, or renter's insura      | nce   |
|     | ■ No<br>□ Yes.       | Name the           | e insurance company of e<br>Company n          | each policy and list its value.<br>ame:                        |                    | Beneficiary:                         | Surrender or refund value:  |
| 32  | If you a             |                    | eneficiary of a living trust,                  | u from someone who has c<br>expect proceeds from a life        |                    | ey, or are currently entitled to rec | eive property because   |
|     | ■ No<br>□ Yes.       | Give spe           | ecific information                             |  |                    |                                      |   |
| 33  |                      | _                  | •  | or not you have filed a laws<br>tes, insurance claims, or righ |                    | demand for payment                   |   |
|     |                      | Describe           | each claim                                     |  |                    |                                      |   |
| 34  | Other o              | continge           | nt and unliquidated cla                        | ms of every nature, includ                                     | ing countercla     | ims of the debtor and rights t       | o set off claims  |
|     | _                    | Describe           | each claim                                     |  |                    |                                      |   |
| 35  |                      | nancial as         | ssets you did not alread                       | ly list  |                    |                                      |   |
|     | ■ No<br>□ Yes.       | Give spe           | ecific information                             |  |                    |                                      |   |
| 36  |                      |                    | -  | ries from Part 4, including                                    | •                  | r pages you have attached            | \$1,000.00  |
| Pá  | art 5: Des           | scribe Any         | / Business-Related Proper                      | ty You Own or Have an Interes                                  | t In. List any rea | al estate in Part 1.                 |   |
| 37. | Do you o             | own or hav         | ve any legal or equitable ir                   | terest in any business-related                                 | property?          |                                      |   |
|     | No. Go               | to Part 6.         |  |  |                    |                                      |   |
|     | ☐ Yes. G             | Go to line 3       | 8.   |  |                    |                                      |   |

Official Form 106A/B Schedule A/B: Property page 5

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| Debto          | or 1       | Albert Habeil   |                       | Case number (if known)       |              |
|----------------|------------|---|-----------------------|------------------------------|--------------|
| Part 6         |            | scribe Any Farm- and Commercial Fishing-Related Property You Ov<br>ou own or have an interest in farmland, list it in Part 1. | vn or Have an Interes | st In.                       |              |
| 46. <b>D</b> o | o you      | ı own or have any legal or equitable interest in any farm- or   | commercial fishir     | ng-related property?         |              |
|                | No.        | Go to Part 7.   |                       |                              |              |
|                | ] Yes      | . Go to line 47.  |                       |                              |              |
| Part 7         | :          | Describe All Property You Own or Have an Interest in That You D   | id Not List Above     |                              |              |
| E              | xamp       | have other property of any kind you did not already list?  oles: Season tickets, country club membership                      |                       |                              |              |
| _              | No<br>Yes. | Give specific information   |                       |                              |              |
| 54. Part 8     |            | the dollar value of all of your entries from Part 7. Write that  List the Totals of Each Part of this Form                    | number here           |                              | \$0.00       |
| 55. I          | Part 1     | I: Total real estate, line 2  |                       |                              | \$299.000.00 |
|                |            | 2: Total vehicles, line 5   | \$30,513.00           | _                            | <del></del>  |
| 57. I          | Part 3     | 3: Total personal and household items, line 15  | \$1,428.50            |                              |              |
| 58. I          | Part 4     | 1: Total financial assets, line 36  | \$1,000.00            |                              |              |
| 59. <b>I</b>   | Part 5     | 5: Total business-related property, line 45   | \$0.00                |                              |              |
| 60. <b>I</b>   | Part 6     | 6: Total farm- and fishing-related property, line 52  | \$0.00                |                              |              |
| 61. <b>I</b>   | Part 7     | 7: Total other property not listed, line 54 +   | \$0.00                |                              |              |
| 62. <b>-</b>   | Total      | personal property. Add lines 56 through 61  | \$32,941.50           | Copy personal property total | \$32,941.50  |
| 63.            | Total      | of all property on Schedule A/B. Add line 55 + line 62  |                       |                              | \$331,941.50 |

Official Form 106A/B Schedule A/B: Property page 6

| Fil  | l in this inform  | ation to identify your case   | e:  |   |  |   |
|--|---|---|---|---|--|---|
| De   | ebtor 1   | Albert Habeil   |   |   |  |   |
| Do   | ebtor 2   | First Name  | Middle Name   | L   | ast Name   |   |
|  | ouse if, filing)  | First Name  | Middle Name   | L   | ast Name   |   |
| Un   | nited States Bar  | kruptcy Court for the: M  | IDDLE DISTRICT OF FLO   | RIDA  | - TAMPA DIVISION   |   |
| _  | ase number  |   |   |   |  | Check if this is an amended filing  |
| _  |   | 4000  |   |   |  |   |
|  | fficial For   |   |   |   |  |   |
| S  | chedule   | C: The Prop   | erty You Cla  | im  | as Exempt  | 4/19  |
| the need specified to the text of the text | property you liseded, fill out and enumber (if kn reach item of pecific dollar and applicable statement on to a pathe applicable applicable | sted on Schedule A/B: Prop<br>I attach to this page as man<br>own).<br>Property you claim as exe<br>count as exempt. Alternati<br>atutory limit. Some exemp<br>nlimited in dollar amount.<br>articular dollar amount and<br>statutory amount. | erty (Official Form 106A/B) y copies of Part 2: Addition mpt, you must specify the vely, you may claim the fixions—such as those for However, if you claim and the value of the propert | as yo<br>nal Pa<br>e amo<br>ull fai<br>heal<br>exen | our source, list the property that you age as necessary. On the top of any ount of the exemption you claim. If market value of the property be the aids, rights to receive certain a hoption of 100% of fair market value. | additional pages, write your name and  One way of doing so is to state a ing exempted up to the amount of penefits, and tax-exempt retirement |
| Pa   | rt 1: Identify  | y the Property You Claim  | as Exempt   |   |  |   |
| 1.   | Which set of  | exemptions are you claim  | ing? Check one only, ever   | n if yo   | our spouse is filing with you.   |   |
|  | You are cla   | iming state and federal non   | bankruptcy exemptions. 1  | I1 U.S  | S.C. § 522(b)(3)   |   |
|  | ☐ You are cla   | iming federal exemptions.   | 11 U.S.C. § 522(b)(2)   |   |  |   |
| 2.   | For any prop  | erty you list on Schedule   | A/B that you claim as exe   | mpt,  | fill in the information below.   |   |
|  |   | on of the property and line on<br>hat lists this property   | Current value of the portion you own  | Am  | ount of the exemption you claim  | Specific laws that allow exemption  |
|  |   | ,   | Copy the value from<br>Schedule A/B   | Che   | eck only one box for each exemption.   |   |
|  |   | nds Creek Ave Lakelar   |   | •   | \$26,113.00  | Fla. Const. art. X, § 4(a)(1);  |
|  | TWO, a sub<br>plat thereof<br>167, Pages  | SHLANDS CREEK PHA<br>division according to t<br>recorded in Plat Book<br>24 to 28, in the Public<br>Polk County, Florida  |   |   | 100% of fair market value, up to any applicable statutory limit  | Fla. Stat. Ann. §§ 222.01 & 222.02  |
|  |   | eat; coffee table; end<br>tainment center; dining   | \$1,223.50  |   | \$1,000.00   | Fla. Const. art. X, § 4(a)(2)   |
|  | room table;<br>book shelve<br>misc. cooky<br>microwave;   | curio/china cabinet; (3<br>es; stove; refrigerator;<br>vare; dishwasher;<br>toaster; coffee maker;<br>e; (4) beds; (3) dresser  | <b>(</b> )  |   | 100% of fair market value, up to any applicable statutory limit  |   |
|  | Cash  | - 1.1. A/D 4C 4   | \$1,000.00  |   | \$1,000.00   | Fla. Stat. Ann. § 222.11(2)(b)  |
|  | Line from Sch   | edule A/B: <b>16.1</b>  |   |   | 100% of fair market value, up to any applicable statutory limit  |   |

Official Form 106C

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| De | btor 1 | Albert Habeil  | Case number (if known)         |  |
|----|--------|--|--------------------------------|--|
| 3. | ,      | rou claiming a homestead exemption of more than \$170,350? ect to adjustment on 4/01/22 and every 3 years after that for cases filed on or | after the date of adjustment.) |  |
|    |        | No   |                                |  |
|    |        | Yes. Did you acquire the property covered by the exemption within 1,215 days   | s before you filed this case?  |  |
|    |        | □ No   |                                |  |
|    |        | □ Yes  |                                |  |

|  | 0400 0.10                    | DR COCCO CI W DOC'T THEA  | 0-110/10 1 a   | gc 10 01 02                                  |                          |
|--|------------------------------|---|--|--|--------------------------|
| Fill in this inforr  | mation to identify yoບ       | ır case:  |  |  |                          |
| Debtor 1   | Albert Habeil                |   |  |  |                          |
| 200101   | First Name                   | Middle Name Last Name   |  |  |                          |
| Debtor 2   |                              |   |  |  |                          |
| (Spouse if, filing)  | First Name                   | Middle Name Last Name   |  |  |                          |
| United States Ba   | inkruptcy Court for the      | MIDDLE DISTRICT OF FLORIDA - TAMPA  | DIVISION   |  |                          |
| Case number  |                              |   |  |  |                          |
| (if known)   |                              |   |  | ☐ Check                                      | if this is an            |
|  |                              |   |  | ameno  | led filing               |
| Official Form  | ~ 106D                       |   |  |  |                          |
| Official Forn  |                              |   |  |  |                          |
| Schedule   | D: Creditors                 | Who Have Claims Secured   | d by Propert   | У  | 12/15                    |
|  | e Additional Page, fill it o | If two married people are filing together, both are eq<br>out, number the entries, and attach it to this form. On |  |  |                          |
| 1. Do any creditors  | have claims secured by       | y your property?  |  |  |                          |
| ☐ No. Check  | k this box and submit t      | his form to the court with your other schedules. Yo   | ou have nothing else t                                 | o report on this form.                       |                          |
| Yes. Fill in   | all of the information       | below.  |  |  |                          |
| Part 1: List A   | II Secured Claims            |   |  |  |                          |
|  |                              | more than one secured claim, list the creditor separately   | Column A   | Column B                                     | Column C                 |
| for each claim. If m   | nore than one creditor has   | s a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.          | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Ally Finar   | ncial                        | Describe the property that secures the claim:   | \$7,111.00   | \$6,311.00                                   | \$800.00                 |
| Creditor's Nam   | е                            | 2013 Nissan Sentra 75000 miles  |  |  |                          |
| 000 5  | •                            | As of the date you file, the claim is: Check all that   |  |  |                          |
| 200 Rena<br>Detroit, M   | issance Ctr                  | apply.  |  |  |                          |
|  | t, City, State & Zip Code    | ☐ Contingent  |  |  |                          |
| Number, Street   | i, Oily, State & Zip Code    | ☐ Unliquidated ☐ Disputed   |  |  |                          |
| Who owes the de  | ebt? Check one.              | Nature of lien. Check all that apply.   |  |  |                          |
| ■ Debtor 1 only  |                              | ■ An agreement you made (such as mortgage or sec  | rured  |  |                          |
| Debtor 2 only  |                              | car loan)   | 74104  |  |                          |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another |                              | ☐ Statutory lien (such as tax lien, mechanic's lien)  |  |  |                          |
|  |                              | ☐ Judgment lien from a lawsuit  |  |  |                          |
| Check if this cl   |                              | Other (including a right to offset)   |  |  |                          |
|  | Opened<br>07/16 Last         |   |  |  |                          |
|  | Active                       |   |  |  |                          |
| Date debt was inc  | urred 1/04/19                | Last 4 digits of account number 4453  |  |  |                          |

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| Debtor 1 Albert Habeil                            |   | Case number (if known) |              |            |
|---|---|------------------------|--------------|------------|
| First Name Middle Na                              | ame Last Name   |                        |              |            |
| 2.2 Florida Central Credit                        | Describe the property that secures the claim:   | \$17,330.00            | \$8,445.00   | \$8,885.00 |
| Creditor's Name                                   | 2011 Dodge Ram 1500 109915 miles  As of the date you file, the claim is: Check all that   |                        | · ·          |            |
| 3333 Henderson Blvd<br>Tampa, FL 33609            | apply.  Contingent  |                        |              |            |
| Number, Street, City, State & Zip Code            | ☐ Unliquidated ☐ Disputed   |                        |              |            |
| Who owes the debt? Check one.                     | Nature of lien. Check all that apply.   |                        |              |            |
| ■ Debtor 1 only □ Debtor 2 only                   | An agreement you made (such as mortgage or car loan)  | secured                |              |            |
| Debtor 1 and Debtor 2 only                        | ☐ Statutory lien (such as tax lien, mechanic's lien)  |                        |              |            |
| ☐ At least one of the debtors and another         | ☐ Judgment lien from a lawsuit  |                        |              |            |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset)   |                        |              |            |
| Opened<br>04/17 Last<br>Active                    | Last 4 digits of account number 243   | 2                      |              |            |
| Date debt was incurred 11/23/18                   | Last 4 digits of account number 243.  | <u> </u>               |              |            |
| 2.3 Freedom Mortgage Corp                         | Describe the property that secures the claim:   | \$272,487.00           | \$299,000.00 | \$0.00     |
| PO Box 50485<br>Indianapolis, IN<br>46250-0485    | 7112 Highlands Creek Ave Lakeland, FL 33813 Polk County Lot 106, HIGHLANDS CREEK PHASE TWO, a subdivision according to the plat thereof recorded in Plat Book 167, Pages 24 to 28, in the Public Records of Polk County, Florida As of the date you file, the claim is: Check all that apply.  □ Contingent |                        |              |            |
| Number, Street, City, State & Zip Code            | ☐ Unliquidated  |                        |              |            |
|   | ☐ Disputed  |                        |              |            |
| Who owes the debt? Check one.                     | Nature of lien. Check all that apply.   |                        |              |            |
| Debtor 1 only                                     | An agreement you made (such as mortgage or  | secured                |              |            |
| Debtor 2 only                                     | car loan)   |                        |              |            |
| Debtor 1 and Debtor 2 only                        | ☐ Statutory lien (such as tax lien, mechanic's lien)  |                        |              |            |
| At least one of the debtors and another           | ☐ Judgment lien from a lawsuit  |                        |              |            |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset)   |                        |              |            |
| Opened 09/17 Last Active 1/25/19                  | Last 4 digits of account number 3084  | 4                      |              |            |

| Debtor 1 Albert Hal                        |  |  | Case number (if known) |              |             |
|--|--|--|------------------------|--------------|-------------|
| First Name                                 | Middle N                                   | lame Last Name   |                        |              |             |
| 2.4 Highlands Cre                          | ek Phase II                                | Describe the property that secures the claim:  | \$400.00               | \$299,000.00 | \$0.00      |
| c/o AIA Prope<br>Management                |  | 7112 Highlands Creek Ave Lakeland, FL 33813 Polk County Lot 106, HIGHLANDS CREEK PHASE TWO, a subdivision according to the plat thereof recorded in Plat Book 167, Pages 24 to 28, in the Public Records of Polk County, Florida As of the date you file, the claim is: Check all that |                        |              |             |
| 2108 E. Edgew<br>Lakeland, FL 3            |  | apply.   |                        |              |             |
| Number, Street, City, S                    |  | ☐ Contingent ☐ Unliquidated  |                        |              |             |
| Number, Street, Oity, C                    | State & Zip Code                           | ☐ Disputed   |                        |              |             |
| Who owes the debt?                         | Check one.                                 | Nature of lien. Check all that apply.  |                        |              |             |
| ■ Debtor 1 only □ Debtor 2 only            |  | ☐ An agreement you made (such as mortgage or sec car loan)   | cured                  |              |             |
| Debtor 1 and Debtor 2                      | 2 only                                     | ■ Statutory lien (such as tax lien, mechanic's lien)   |                        |              |             |
| ☐ At least one of the deb                  | otors and another                          | ☐ Judgment lien from a lawsuit   |                        |              |             |
| ☐ Check if this claim re<br>community debt | elates to a                                | ☐ Other (including a right to offset)  |                        |              |             |
| Date debt was incurred                     |  | Last 4 digits of account number 5949   |                        |              |             |
| 2.5 Onemain                                |  | Describe the property that secures the claim:  | \$28,028.00            | \$15,757.00  | \$12,271.00 |
| Creditor's Name                            |  | 2016 Chrysler Town & Country<br>56000 miles  |                        |              |             |
| PO Box 64<br>Evansville, IN                | 47701-0064                                 | As of the date you file, the claim is: Check all that apply.  Contingent   |                        |              |             |
| Number, Street, City, S                    | State & Zip Code                           | Unliquidated   |                        |              |             |
| Who owes the debt?                         | Check one.                                 | ☐ Disputed  Nature of lien. Check all that apply.  |                        |              |             |
| ☐ Debtor 1 only ☐ Debtor 2 only            |  | <ul> <li>An agreement you made (such as mortgage or sec<br/>car loan)</li> </ul>   | cured                  |              |             |
| Debtor 1 and Debtor 2                      | 2 only                                     | ☐ Statutory lien (such as tax lien, mechanic's lien)   |                        |              |             |
| At least one of the deb                    | otors and another                          | ☐ Judgment lien from a lawsuit   |                        |              |             |
| ☐ Check if this claim re<br>community debt | elates to a                                | ☐ Other (including a right to offset)  |                        |              |             |
| Date debt was incurred                     | Opened<br>04/18 Last<br>Active<br>10/12/18 | Last 4 digits of account number 2196   |                        |              |             |
|  |  |  | <b>*</b>               |              |             |
|  | •  | Column A on this page. Write that number here:   | \$325,356.             |              |             |
| Write that number her                      |  | the dollar value totals from all pages.  | \$325,356.             | 00           |             |

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|                                 | 0430 0.13 BK 00                                  | ,000 O. W. Doo I 11   | Cu 0-17.     | 10/10 1 age              | 21 01 02             |                             |
|---------------------------------|--|---|--------------|--------------------------|----------------------|-----------------------------|
| Fill in this info               | ormation to identify your case:                  |   |              |                          |                      |                             |
| Debtor 1                        | Albert Habeil                                    |   |              |                          |                      |                             |
| Debtor 1                        |  | Middle Name Last Nam  | ie           |                          |                      |                             |
| Debtor 2                        |  |   |              |                          |                      |                             |
| (Spouse if, filing)             | First Name                                       | Middle Name Last Nam  | e            |                          |                      |                             |
| United States                   | Bankruptcy Court for the: MIDD                   | LE DISTRICT OF FLORIDA - TAN  | IPA DIVIS    | ION                      |                      |                             |
| Case number                     |  |   |              |                          |                      |                             |
| (if known)                      |  |   |              |                          | _                    | if this is an<br>led filing |
| Official Ea                     | rm 106E/F  |   |              |                          |                      | J                           |
|                                 |  | lava Umaaavinad Claim   | _            |                          |                      | 40/45                       |
| <u>Scneaule</u>                 | E/F: Creditors who H                             | lave Unsecured Claim  | .S           |                          |                      | 12/15                       |
| eft. Attach the C               |  | Property. If more space is needed, con have no information to report in a P   |              |                          |                      |                             |
| Part 1: List                    | All of Your PRIORITY Unsecure                    | d Claims  |              |                          |                      |                             |
| 1. Do any cred                  | ditors have priority unsecured claims            | against you?  |              |                          |                      |                             |
| ☐ No. Go t                      | o Part 2.  |   |              |                          |                      |                             |
| Yes.                            |  |   |              |                          |                      |                             |
| identify what<br>possible, list | type of claim it is. If a claim has both p       | editor has more than one priority unsecu-<br>riority and nonpriority amounts, list that<br>ling to the creditor's name. If you have r<br>claim, list the other creditors in Part 3. | claim here a | and show both priority a | nd nonpriority amoun | ts. As much as              |
| (For an expl                    | anation of each type of claim, see the ir        | nstructions for this form in the instruction  | booklet.)    |                          |                      |                             |
|                                 |  |   |              | Total claim              | Priority amount      | Nonpriority amount          |
|                                 | nal Revenue Service                              | Last 4 digits of account number   |              | \$9,752.28               | \$9,752.28           | \$0.00                      |
| Centr                           | Creditor's Name ralized Insolvency Opera ox 7346 | When was the debt incurred?   | 2016 ta      | x year                   |                      |                             |
|                                 | delphia, PA 19101-7346                           |   |              |                          |                      |                             |
| Numbe                           | r Street City State Zip Code                     | As of the date you file, the claim  | is: Check a  | all that apply           |                      |                             |
| Who incu                        | red the debt? Check one.                         | ☐ Contingent  |              |                          |                      |                             |
| Debtor                          | 1 only   | ☐ Unliquidated  |              |                          |                      |                             |
| □ Debtor                        | 2 only   | ☐ Disputed  |              |                          |                      |                             |
| ☐ Debtor                        | 1 and Debtor 2 only                              | Type of PRIORITY unsecured cl   | aim:         |                          |                      |                             |
| ☐ At least                      | t one of the debtors and another                 | ☐ Domestic support obligations  |              |                          |                      |                             |
| ☐ Check                         | if this claim is for a community debt            | Taxes and certain other debts   | you owe the  | e government             |                      |                             |
|                                 | m subject to offset?                             | ☐ Claims for death or personal in   | •            | •                        |                      |                             |
| ■ No                            | •  | Other. Specify  |              |                          |                      |                             |
| ☐ Yes                           |  |   |              |                          |                      |                             |

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|  |  | Case number (if known)   |   |                              |
|--|--|--|---|------------------------------|
| 2.2 Internal Revenue Service   | Last 4 digits of account number  | \$10,150.42  | \$0.00                                    | \$10,150.42                  |
| Priority Creditor's Name Centralized Insolvency Opera PO box 7346 Philadelphia, PA 19101-7346  | When was the debt incurred?  | 2014 2013 2012 tax<br>year   |   |                              |
| Number Street City State Zip Code  | As of the date you file, the claim i   | s: Check all that apply  |   |                              |
| Who incurred the debt? Check one.  | ☐ Contingent   |  |   |                              |
| ■ Debtor 1 only  | ☐ Unliquidated   |  |   |                              |
| Debtor 2 only  | ☐ Disputed   |  |   |                              |
| ☐ Debtor 1 and Debtor 2 only   | Type of PRIORITY unsecured claim   | m:   |   |                              |
| ☐ At least one of the debtors and another  | ☐ Domestic support obligations   |  |   |                              |
| ☐ Check if this claim is for a community debt  | ■ Taxes and certain other debts ye   | ou owe the government  |   |                              |
| Is the claim subject to offset?  | ☐ Claims for death or personal inju  | rry while you were intoxicated   |   |                              |
| No   | Other. Specify   |  |   |                              |
| Yes  |  |  |   |                              |
| ☐ No. You have nothing to report in this part. Submit  | uns form to the court with your other s  | oriedules.   |   |                              |
| <ul> <li>Yes.</li> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other</li> </ul>   | laim. For each claim listed, identify wh   | at type of claim it is. Do not list claims already i   | included in F                             | Part 1. If more              |
| List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c  | laim. For each claim listed, identify wh   | at type of claim it is. Do not list claims already i   | included in F<br>he Continua              | Part 1. If more tion Page of |
| <ol> <li>List all of your nonpriority unsecured claims in the<br/>unsecured claim, list the creditor separately for each c<br/>than one creditor holds a particular claim, list the other<br/>Part 2.</li> </ol>   | laim. For each claim listed, identify wh   | at type of claim it is. Do not list claims already i<br>aan three nonpriority unsecured claims fill out th   | included in F                             | Part 1. If more tion Page of |
| 4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  4.1  Capital One Bank Usa N  Nonpriority Creditor's Name  15000 Capital One Dr  | laim. For each claim listed, identify wh<br>creditors in Part 3.If you have more th  | at type of claim it is. Do not list claims already i<br>aan three nonpriority unsecured claims fill out th   | included in F<br>he Continua              | Part 1. If more tion Page of |
| List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.      Capital One Bank Usa N      Nonpriority Creditor's Name  | laim. For each claim listed, identify who creditors in Part 3.If you have more the creditors and the creditors in Part 3.If you have more the creditors in Part 3.If you have more the creditors in Part 4 digits of account number in Part 5 digits of account number in Part 6 digits of account number 6 digits number 6 digits of account number 6 digit | at type of claim it is. Do not list claims already is an three nonpriority unsecured claims fill out the area.  3481  Opened 06/16 Last Active 12/03/18  | included in F<br>he Continua              | Part 1. If more tion Page of |
| 4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  4.1  Capital One Bank Usa N  Nonpriority Creditor's Name  15000 Capital One Dr  Richmond, VA 23238  Number Street City State Zip Code   | laim. For each claim listed, identify who creditors in Part 3.lf you have more the Last 4 digits of account number.  When was the debt incurred?  As of the date you file, the claim.  | at type of claim it is. Do not list claims already it is an three nonpriority unsecured claims fill out the area.  3481  Opened 06/16 Last Active 12/03/18   | included in F<br>he Continua              | Part 1. If more tion Page of |
| 4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  4.1  Capital One Bank Usa N  Nonpriority Creditor's Name  15000 Capital One Dr  Richmond, VA 23238  Number Street City State Zip Code  Who incurred the debt? Check one.  | laim. For each claim listed, identify who creditors in Part 3.If you have more the Last 4 digits of account number.  When was the debt incurred?   | at type of claim it is. Do not list claims already it is an three nonpriority unsecured claims fill out the area.  3481  Opened 06/16 Last Active 12/03/18   | included in F<br>he Continua              | Part 1. If more tion Page of |
| 4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  4.1  Capital One Bank Usa N  Nonpriority Creditor's Name  15000 Capital One Dr  Richmond, VA 23238  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only   | laim. For each claim listed, identify who creditors in Part 3.If you have more the Last 4 digits of account number.  When was the debt incurred?  As of the date you file, the claim Contingent.   | at type of claim it is. Do not list claims already it is an three nonpriority unsecured claims fill out the area.  3481  Opened 06/16 Last Active 12/03/18   | included in F<br>he Continua              | Part 1. If more tion Page of |
| 4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  4.1  Capital One Bank Usa N  Nonpriority Creditor's Name  15000 Capital One Dr  Richmond, VA 23238  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  | laim. For each claim listed, identify when creditors in Part 3.If you have more the Last 4 digits of account number.  When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated  | at type of claim it is. Do not list claims already in three nonpriority unsecured claims fill out the area.  2481  Opened 06/16 Last Active 12/03/18  m is: Check all that apply   | included in F<br>he Continua              | Part 1. If more tion Page of |
| 4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  4.1  Capital One Bank Usa N  Nonpriority Creditor's Name  15000 Capital One Dr  Richmond, VA 23238  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community      | laim. For each claim listed, identify when creditors in Part 3.If you have more the Last 4 digits of account number.  When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecutors.   | at type of claim it is. Do not list claims already in an three nonpriority unsecured claims fill out the area of a second | included in F<br>he Continuar<br>Total cl | Part 1. If more tion Page of |
| 4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  4.1  Capital One Bank Usa N  Nonpriority Creditor's Name  15000 Capital One Dr  Richmond, VA 23238  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another                                 | laim. For each claim listed, identify who creditors in Part 3.If you have more the creditors in Part 4.If you have more the creditors as a continuous conti | at type of claim it is. Do not list claims already in three nonpriority unsecured claims fill out the area.  2481  Opened 06/16 Last Active 12/03/18  m is: Check all that apply   | included in F<br>he Continuar<br>Total cl | Part 1. If more tion Page of |
| 4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other Part 2.  4.1  Capital One Bank Usa N  Nonpriority Creditor's Name  15000 Capital One Dr  Richmond, VA 23238  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt | laim. For each claim listed, identify when creditors in Part 3.If you have more the creditors in Part 4.If you have more the creditors in Part 4.If you have more than a creditor in Part 4.If you have more  | at type of claim it is. Do not list claims already in an three nonpriority unsecured claims fill out the area of a second | included in F<br>he Continuar<br>Total cl | Part 1. If more tion Page of |

| Debt | or 1 Albert Habeil   | Case number (if known)  |            |
|------|--|---|------------|
| 4.2  | Capstone Credit & Coll Nonpriority Creditor's Name   | Last 4 digits of account number 12N1  | \$1,774.00 |
|      | 120 W Lutz Lake Fern Rd<br>Lutz, FL 33548  | When was the debt incurred? Opened 03/14  |            |
|      | Number Street City State Zip Code Who incurred the debt? Check one.                                | As of the date you file, the claim is: Check all that apply   |            |
|      | ■ Debtor 1 only  | ☐ Contingent  |            |
|      | Debtor 2 only  | ☐ Unliquidated  |            |
|      | Debtor 1 and Debtor 2 only   | □ Disputed  |            |
|      | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|      | ☐ Check if this claim is for a community   | ☐ Student loans   |            |
|      | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|      | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
|      | Yes  | ■ Other. Specify Collection Attorney Carlton Arms Of Lakeland   |            |
| 4.3  | Commonwealth Financial Nonpriority Creditor's Name   | Last 4 digits of account number 66N1  | \$1,128.00 |
|      | 245 Main St<br>Dickson City, PA 18519  | When was the debt incurred? Opened 01/19  |            |
|      | Number Street City State Zip Code  Who incurred the debt? Check one.                               | As of the date you file, the claim is: Check all that apply   |            |
|      | ■ Debtor 1 only  | ☐ Contingent  |            |
|      | Debtor 2 only  | ☐ Unliquidated  |            |
|      | Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|      | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|      | ☐ Check if this claim is for a community   | ☐ Student loans   |            |
|      | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|      | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
|      | □ Yes  | Collection Attorney Osprey Emergency Physicians   |            |
| 4.4  | Credit Control, LLC  | Last 4 digits of account number 3092  | \$1,982.66 |
|      | Nonpriority Creditor's Name 7130 Goodlett Farms Parkway Suite 110W                                 | When was the debt incurred?   |            |
|      | PO Box 34111 Cordova, TN 38016 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
|      | Debtor 1 only  | ☐ Contingent  |            |
|      | Debtor 2 only  | ☐ Unliquidated  |            |
|      | Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|      | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|      | ☐ Check if this claim is for a community   | ☐ Student loans   |            |
|      | debt   | Obligations arising out of a separation agreement or divorce that you did not                             |            |
|      | Is the claim subject to offset?  | report as priority claims   |            |
|      | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |            |
|      | ☐ Yes  | Other Specify   |            |

| Debtor | 1 Albert Habeil   | Case number (if known)  |                                  |          |  |  |  |  |
|--------|---|---|----------------------------------|----------|--|--|--|--|
| 4.5    | First Premier Bank Nonpriority Creditor's Name                                      | Last 4 digits of account number   | 0207                             | \$514.00 |  |  |  |  |
|        | 3820 N Louise Ave<br>Sioux Falls, SD 57107  | When was the debt incurred?   | Opened 04/13 Last Active 8/08/14 |          |  |  |  |  |
|        | Number Street City State Zip Code Who incurred the debt? Check one.                 | As of the date you file, the claim i  | s: Check all that apply          |          |  |  |  |  |
|        | ■ Debtor 1 only □ Debtor 2 only   | ☐ Contingent☐ Unliquidated  |                                  |          |  |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another              | ☐ Disputed  Type of NONPRIORITY unsecured   |                                  |          |  |  |  |  |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset?  ■ No | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin                |                                  |          |  |  |  |  |
|        | Yes   | Other. Specify Credit Card  | <u> </u>                         |          |  |  |  |  |
| 4.6    | Lvnv Funding Llc Nonpriority Creditor's Name  | Last 4 digits of account number   | 3645                             | \$910.00 |  |  |  |  |
|        | C/o Resurgent Capital Services<br>Greenville, SC 29602                              | When was the debt incurred?   | Opened 04/15                     |          |  |  |  |  |
|        | Number Street City State Zip Code Who incurred the debt? Check one.                 | As of the date you file, the claim  | s: Check all that apply          |          |  |  |  |  |
|        | ■ Debtor 1 only □ Debtor 2 only   | ☐ Contingent☐ Unliquidated  |                                  |          |  |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another              | ☐ Disputed  Type of NONPRIORITY unsecured   | d claim:                         |          |  |  |  |  |
|        | ☐ Check if this claim is for a community debt                                       | ☐ Student loans ☐ Obligations arising out of a sepa   |                                  |          |  |  |  |  |
|        | Is the claim subject to offset?   | report as priority claims  Debts to pension or profit-sharin  |                                  |          |  |  |  |  |
|        | □ Yes   | ·   | Company Account Credit One       |          |  |  |  |  |
| 4.7    | Online Collections Nonpriority Creditor's Name                                      | Last 4 digits of account number   | 3534                             | \$132.00 |  |  |  |  |
|        | Po Box 1489<br>Winterville, NC 28590  | When was the debt incurred?   | Opened 12/18                     |          |  |  |  |  |
|        | Number Street City State Zip Code Who incurred the debt? Check one.                 | As of the date you file, the claim i  | s: Check all that apply          |          |  |  |  |  |
|        | ■ Debtor 1 only □ Debtor 2 only   | ☐ Contingent☐ Unliquidated  |                                  |          |  |  |  |  |
|        | Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured   |                                  |          |  |  |  |  |
|        | ☐ At least one of the debtors and another ☐ Check if this claim is for a community  |   |                                  |          |  |  |  |  |
|        | debt Is the claim subject to offset?  ■ No  | ration agreement or divorce that you did not  |                                  |          |  |  |  |  |
|        | ■ No □ Yes  | □ Debts to pension or profit-sharing plans, and other similar debts  Collection Attorney Tampa Electric  Other. Specify Company |                                  |          |  |  |  |  |

| Debtor | 1 Albert Habeil  | Case number (if known)  |   |  |  |  |  |  |
|--------|--|---|---|--|--|--|--|--|
| 4.8    | Progressive Leasing  | Last 4 digits of account number 6384  | Unknown                                 |  |  |  |  |  |
|        | Nonpriority Creditor's Name 10619 South Jordan Gateway Suite 100                             | When was the debt incurred?   |   |  |  |  |  |  |
|        | South Jordan, UT 84095  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |   |  |  |  |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent  |   |  |  |  |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |   |  |  |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |  |  |  |  |  |
|        | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |   |  |  |  |  |  |
|        | ☐ Check if this claim is for a community   | Student loans   |   |  |  |  |  |  |
|        | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                 |   |  |  |  |  |  |
|        | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |   |  |  |  |  |  |
|        | Yes  | Other. Specify  |   |  |  |  |  |  |
| 4.9    | Suntrust   | Last 4 digits of account number 3981  | \$1,982.66                              |  |  |  |  |  |
|        | Nonpriority Creditor's Name Cardmember Services PO Box 621569 Orlando, FL 32862-1569         | When was the debt incurred?   |   |  |  |  |  |  |
|        | Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |   |  |  |  |  |  |
|        | Who incurred the debt? Check one.  | ,   |   |  |  |  |  |  |
|        | ■ Debtor 1 only  | Debtor 1 only   |   |  |  |  |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |   |  |  |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |  |  |  |  |  |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |   |  |  |  |  |  |
|        | ☐ Check if this claim is for a community   | ☐ Student loans   |   |  |  |  |  |  |
|        | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                 |   |  |  |  |  |  |
|        | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |   |  |  |  |  |  |
|        | Yes  | Other. Specify  |   |  |  |  |  |  |
| 4.1    | Watson Clinc   | Last 4 digits of account number 6066  | \$45.00                                 |  |  |  |  |  |
| 0      | Nonpriority Creditor's Name P.O. Box 95004 Lakeland, FL 33804-5004                           | When was the debt incurred? 07/20/2018  | • |  |  |  |  |  |
|        | Number Street City State Zip Code  Who incurred the debt? Check one.                         | As of the date you file, the claim is: Check all that apply   |   |  |  |  |  |  |
|        | ■ Debtor 1 only  | ☐ Contingent  |   |  |  |  |  |  |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |   |  |  |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only   |   |   |  |  |  |  |  |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |   |  |  |  |  |  |
|        | $\square$ Check if this claim is for a community debt  | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a separation agreement or divorce that you did not</li></ul> |   |  |  |  |  |  |
|        | Is the claim subject to offset?  | report as priority claims   |   |  |  |  |  |  |
|        | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |   |  |  |  |  |  |
|        | □ Yes  | Other Specify Medical   |   |  |  |  |  |  |

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| Debtor   | 1 <b>Al</b>                               | lbert Ha   | beil  |   | Case                      | number (if known)   |                              |  |  |  |  |
|--|---|--|---|---|---------------------------|---|------------------------------|--|--|--|--|
| 4.1  | Way                                       | point R  | esource Grou  | Last 4 digits of account numb   | er <u>09</u> 3            | 33  | \$127.00                     |  |  |  |  |
|  | Po E                                      | 3ox 858  |   | When was the debt incurred?   | Оре                       | ened 12/18  |                              |  |  |  |  |
|  | Numb                                      | oer Street   | k, TX 78683 City State Zip Code the debt? Check one.        | As of the date you file, the cla  | im is: Che                | eck all that apply  |                              |  |  |  |  |
|  | ■ De                                      | ebtor 1 onl  | v   | ☐ Contingent  |                           |   |                              |  |  |  |  |
|  | _   | ebtor 2 onl  | •   | ☐ Unliquidated  |                           |   |                              |  |  |  |  |
|  |   |  | d Debtor 2 only   | _ `   | □ Disputed                |   |                              |  |  |  |  |
|  | _   |  | of the debtors and another                                  | Type of NONPRIORITY unsecured claim:  |                           |   |                              |  |  |  |  |
|  |   |  | s claim is for a community                                  | ☐ Student loans   |                           |   |                              |  |  |  |  |
| debt Is the claim subject to offset?                   |   |  |   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                     |                           |   |                              |  |  |  |  |
| •  |   |  |   | Debts to pension or profit-sh   | aring plans               | se, and other similar debts   |                              |  |  |  |  |
|  | ■ No                                      |  |   |   | ٠.                        |   |                              |  |  |  |  |
|  | ☐ Ye                                      | es   |   | Other. Specify Collection   | on Attor                  | rney Charter/Bright House   |                              |  |  |  |  |
| Part 3:  | Lis                                       | st Others  | s to Be Notified About a De                                 | ebt That You Already Listed   |                           |   |                              |  |  |  |  |
| 5. Use th<br>is tryir<br>have r                        | nis pag<br>ng to d<br>more tl<br>ed for a | e only if y<br>collect fro<br>han one o<br>any debts | ou have others to be notified m you for a debt you owe to s | about your bankruptcy, for a debt the someone else, list the original creditoriat you listed in Parts 1 or 2, list the a or submit this page. | or in Parts<br>additional | s 1 or 2, then list the collection ag<br>creditors here. If you do not have | ency here. Similarly, if you |  |  |  |  |
|  |   |  | olutions, LL  | On which entry in Part 1 or Part 2 did Line <b>4.5</b> of ( <i>Check one</i> ):   |                           | e original creditor?  1: Creditors with Priority Unsecured                  | Claims                       |  |  |  |  |
| 2200 E Devon Ave Ste 200<br>Des Plaines, IL 30018-4501 |   |  | Ste 200   |   | _                         | 2: Creditors with Nonpriority Unsecu  |                              |  |  |  |  |
| Des Pi   | laine                                     | s, IL 30   | <b>018-4501</b>   | Last 4 digits of account number   | ;                         | 3511  |                              |  |  |  |  |
| Name ar  |   |  |   | On which entry in Part 1 or Part 2 did  | ·                         | · ·   |                              |  |  |  |  |
| Ospre<br>PO Bo   |   |  | y Physicians  | Line 4.3 of (Check one):  | _                         | 1: Creditors with Priority Unsecured  |                              |  |  |  |  |
|  |   |  | 9101-8250   |   | Part 2                    | 2: Creditors with Nonpriority Unsecu  | ured Claims                  |  |  |  |  |
|  |   | ,  |   | Last 4 digits of account number   |                           |   |                              |  |  |  |  |
| Name ar  |   |  |   | On which entry in Part 1 or Part 2 did  |                           | =   |                              |  |  |  |  |
| _  |   | re Leasi<br>Data Dri                                 | •   | Line 4.8 of (Check one):  | _                         | 1: Creditors with Priority Unsecured  |                              |  |  |  |  |
|  |   | 84020  | VG  |   | ■ Part 2                  | 2: Creditors with Nonpriority Unsecu  | ired Claims                  |  |  |  |  |
| •  |   |  |   | Last 4 digits of account number   |                           |   |                              |  |  |  |  |
| Name ar  |   |  |   | On which entry in Part 1 or Part 2 did  | ·                         | · ·   |                              |  |  |  |  |
| PO Bo  |   |  | ons, Inc.   | Line 4.10 of (Check one):   |                           | 1: Creditors with Priority Unsecured  |                              |  |  |  |  |
|  | -   | _  | 95-0984   |   | Part 2                    | 2: Creditors with Nonpriority Unsecu  | ured Claims                  |  |  |  |  |
|  | <b>J</b> ,                                | ,  |   | Last 4 digits of account number   |                           | 1502  |                              |  |  |  |  |
| Name ar  | nd Add                                    | dress  |   | On which entry in Part 1 or Part 2 did  | you list the              | e original creditor?  |                              |  |  |  |  |
| Suntru   |   |  | JE  | Line 4.4 of (Check one):  |                           | 1: Creditors with Priority Unsecured  |                              |  |  |  |  |
| GA-At  |   | tree St I<br>1-0643                                  | NE  |   | Part 2                    | 2: Creditors with Nonpriority Unsecu  | red Claims                   |  |  |  |  |
| -  |   | A 30308  |   |   |                           |   |                              |  |  |  |  |
|  |   |  |   | Last 4 digits of account number   | ;                         | 3981  |                              |  |  |  |  |
| Part 4:  | Ad  | dd the Aı  | mounts for Each Type of L                                   | Insecured Claim   |                           |   |                              |  |  |  |  |
| 6. Total t   | the am                                    |  | certain types of unsecured cl                               | aims. This information is for statistic   | al reportir               | ng purposes only. 28 U.S.C. §159.   | . Add the amounts for each   |  |  |  |  |
| ,, .   |   |  |   |   |                           | Total Claim   |                              |  |  |  |  |
|  |   | 6a.  | Domestic support obligation                                 | ns  | 6a.                       |   | .00                          |  |  |  |  |
|  | Total                                     |  | -   |   |                           |   |                              |  |  |  |  |
| cla<br>from Pa   | aims<br>Part 1                            | 6b.  | Taxes and certain other deb                                 | ts you owe the government   | 6b.                       | \$ 19,902   | .70                          |  |  |  |  |
|  |   | 6c.  |   | I injury while you were intoxicated   | 6c.                       |   | .00                          |  |  |  |  |
|  |   | 6d.  | Other. Add all other priority un                            | nsecured claims. Write that amount here   | e. 6d.                    |   | .00                          |  |  |  |  |

Official Form 106 E/F

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### Debtor 1 Albert Habeil Case number (if known)

|                                | 6e.        | Total Priority. Add lines 6a through 6d.  | 6e.        | \$       | 19,902.70        |
|--------------------------------|------------|---|------------|----------|------------------|
|                                | 6f.        | Student loans   | 6f.        | \$       | Total Claim 0.00 |
| Total<br>claims<br>from Part 2 | 6g.        | you all not report us priority claims   | 6g.<br>6h. | \$       | 0.00             |
|                                | 6h.<br>6i. | Debts to pension or profit-sharing plans, and other similar debts  Other. Add all other nonpriority unsecured claims. Write that amount here. |            | \$<br>\$ | 9,225.32         |
|                                | 6j.        | Total Nonpriority. Add lines 6f through 6i.   | 6j.        | \$       | 9,225.32         |

| Fill in this infor                      | mation to identify your | case:              |                         |    |
|---|-------------------------|--------------------|-------------------------|----|
| Debtor 1 Albert Habeil                  |                         |                    |                         |    |
|   | First Name              | Middle Name        | Last Name               |    |
| Debtor 2                                |                         |                    |                         |    |
| (Spouse if, filing)                     | First Name              | Middle Name        | Last Name               |    |
| United States Bankruptcy Court for the: |                         | MIDDLE DISTRICT OF | FLORIDA - TAMPA DIVISIO | DN |
| Case number                             |                         |                    |                         |    |
| (if known)                              |                         |                    |                         |    |
|   |                         |                    |                         |    |

# Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

Progressive Leasing 256 West Data Drive Draper, UT 84020 screen protector for Iphones

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|                                 |   |                                |                         |                                       | 1   |
|---------------------------------|---|--------------------------------|-------------------------|---------------------------------------|---|
| Fill in this ir                 | nformation to identify your                                     | case:                          |                         |                                       |   |
| Debtor 1                        | Albert Habeil   |                                |                         |                                       |   |
| Dobtor 2                        | First Name  | Middle Name                    | Last Name               |                                       |   |
| Debtor 2<br>(Spouse if, filing) | First Name  | Middle Name                    | Last Name               |                                       |   |
| United State                    | s Bankruptcy Court for the:                                     | MIDDLE DISTRICT OF             | FLORIDA - TAMPA DI\     | /ISION                                |   |
| Case numbe                      | ar.   |                                |                         |                                       |   |
| (if known)                      |   |                                |                         |                                       | ☐ Check if this is an amended filing  |
| Official                        | Form 106H   |                                |                         |                                       |   |
|                                 | ıle H: Your Cod   | lehtors                        |                         |                                       | 12/15   |
| Jonicac                         | ic II. Ioui ooc   |                                |                         |                                       | 12/13   |
|                                 | nd case number (if known ou have any codebtors? (If             | ,                              |                         | as a codebtor.                        |   |
| ■ No<br>□ Yes                   |   |                                |                         |                                       |   |
|                                 |   |                                |                         |                                       | ty states and territories include   |
| Anzona,                         | California, Idaho, Louisiana                                    | i, inevada, inew idexico, Pu   | eno Rico, Texas, wash   | ington, and wisconsin.                | )   |
| ■ No. G                         | so to line 3.   |                                |                         |                                       |   |
| ☐ Yes. I                        | Did your spouse, former spo                                     | ouse, or legal equivalent live | e with you at the time? |                                       |   |
| in line 2                       | again as a codebtor only<br>16D), Schedule E/F (Officia         | if that person is a guaran     | tor or cosigner. Make   | sure you have listed t                | ng with you. List the person showr<br>he creditor on Schedule D (Officia<br>Schedule E/F, or Schedule G to fi |
|                                 | olumn 1: Your codebtor<br>me, Number, Street, City, State and 2 | ZIP Code                       |                         | Column 2: The cr<br>Check all schedul | editor to whom you owe the debt es that apply:  |
| 3.1                             |   |                                |                         | ☐ Schedule D, lir                     | ne  |
| Na                              | ame   |                                |                         | ☐ Schedule E/F,                       |   |
|                                 |   |                                |                         | ☐ Schedule G, lir                     | ne  |
| Nu<br>Cit                       | umber Street<br>ty  | State                          | ZIP Code                | _                                     |   |
| 3.2                             |   |                                |                         | ☐ Schedule D, lir                     | ne  |
|                                 | ame   |                                |                         | ☐ Schedule E/F,                       |   |
|                                 |   |                                |                         | ☐ Schedule G, lir                     | ne  |
|                                 | ımber Street  | Stata                          | ZIP Code                | _                                     |   |
| Cit                             | LY  | State                          | ZIP Code                |                                       |   |

| Fill                  | in this information to identify your c  | ase.                           |  |                       |                  |                           |                            |                          |                              |                 |
|-----------------------|---|--------------------------------|--|-----------------------|------------------|---------------------------|----------------------------|--------------------------|------------------------------|-----------------|
|                       | otor 1 Albert Habe  |                                |  |                       |                  |                           |                            |                          |                              |                 |
|                       | otor 2  |                                |  |                       |                  |                           |                            |                          |                              |                 |
| Unit                  | ted States Bankruptcy Court for the   | : MIDDLE DISTRICT O            | F FLORIDA - TAMPA                                | 1                     |                  |                           |                            |                          |                              |                 |
| (If kn                | ,   |                                |  |                       |                  | ☐ An                      |                            | nt showing               | g postpetitior               |                 |
|                       | ficial Form 106I  |                                |  |                       |                  | MM                        | 1 / DD/ Y                  | YYY                      |                              |                 |
|                       | chedule I: Your Inc   |                                |  |                       |                  |                           |                            |                          |                              | 12/15           |
| supp<br>spot          | s complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not filing wi  | ng jointly, and your s<br>th you, do not include | spouse i<br>de inforr | is livi<br>matio | ing with yo<br>on about y | ou, inclu<br>our spo       | ide inforn<br>use. If mo | nation about<br>ore space is | your<br>needed, |
| 1.                    | Fill in your employment information.  |                                | Debtor 1   |                       |                  | C                         | Debtor 2                   | or non-fi                | ling spouse                  |                 |
|                       | If you have more than one job, attach a separate page with information about additional   |                                | ☐ Employed  ■ Not employed                       |                       |                  | _                         | ☐ Employed  ■ Not employed |                          |                              |                 |
|                       | employers.  | Occupation                     |  |                       |                  |                           |                            |                          |                              |                 |
|                       | Include part-time, seasonal, or self-employed work.   | Employer's name                |  |                       |                  |                           |                            |                          |                              |                 |
|                       | Occupation may include student or homemaker, if it applies.   | Employer's address             |  |                       |                  |                           |                            |                          |                              |                 |
|                       |   | How long employed th           | nere?  |                       |                  |                           |                            |                          |                              |                 |
| Par                   | t 2: Give Details About Mor   | nthly Income                   |  |                       |                  |                           |                            |                          |                              |                 |
| <b>Esti</b> i<br>spou | mate monthly income as of the dise unless you are separated.  | ate you file this form. If $y$ | ou have nothing to re                            | eport for             | any li           | ine, write \$             | 0 in the                   | space. Inc               | clude your no                | n-filing        |
|                       | u or your non-filing spouse have most space, attach a separate sheet to   |                                | mbine the information                            | n for all e           | emplo            | yers for the              | at perso                   | n on the lir             | nes below. If                | you need        |
|                       |   |                                |  |                       |                  | For Debto                 | or 1                       |                          | btor 2 or<br>ng spouse       |                 |
| 2.                    | List monthly gross wages, sala deductions). If not paid monthly,  |                                |  | 2.                    | \$               |                           | 0.00                       | \$                       | 0.00                         |                 |
| 3.                    | Estimate and list monthly overt   | ime pay.                       |  | 3.                    | +\$              |                           | 0.00                       | +\$                      | 0.00                         | -               |
| 4.                    | Calculate gross Income. Add lin   | ne 2 + line 3.                 |  | 4.                    | \$               | 0                         | 0.00                       | \$                       | 0.00                         |                 |

Official Form 106I Schedule I: Your Income page 1

| Deb | tor 1  | Albert Habeil   | _         | Ca   | ase number ( <i>if kn</i> | own) |           |                        |                        |      |
|-----|--|---|-----------|------|---------------------------|------|-----------|------------------------|------------------------|------|
|     | Cor  | by line 4 here  | 4.        |      | For Debtor 1              | .00  |           | r Debtor<br>n-filing s |                        |      |
| _   | •  |   | ٠.        | •    | Ψ                         | .00  | Ψ_        |                        | 0.00                   |      |
| 5.  |  | all payroll deductions:   | _         |      |                           |      |           |                        |                        |      |
|     | 5a.  | Tax, Medicare, and Social Security deductions   | 5a        |      |                           | .00  | \$_       |                        | 0.00                   |      |
|     | 5b.  | Mandatory contributions for retirement plans  | 5b        |      |                           | .00  | \$<br>•   |                        | 0.00                   |      |
|     | 5c.<br>5d.   | Voluntary contributions for retirement plans Required repayments of retirement fund loans   | 5c.<br>5d |      |                           | .00  | \$_<br>\$ |                        | 0.00                   |      |
|     | 5u.<br>5e.   | Insurance   | 5e        |      | :                         | .00  | \$<br>\$  |                        | 0.00                   |      |
|     | 5f.  | Domestic support obligations  | 5f.       |      | ·                         | .00  | \$-       |                        | 0.00                   |      |
|     | 5g.  | Union dues  | 5g        |      | ·                         | .00  | \$        |                        | 0.00                   |      |
|     | 5h.  | Other deductions. Specify:  | _ 5h      |      |                           | .00  |           |                        | 0.00                   |      |
| 6.  | Add  | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.        | \$   | S0                        | .00  | \$_       |                        | 0.00                   |      |
| 7.  | Cal  | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.        | \$   | S0                        | .00  | \$_       |                        | 0.00                   |      |
| 8.  | List<br>8a.  | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total             |           |      |                           |      |           |                        |                        |      |
|     |  | monthly net income.   | 8a        | . 9  | \$ 0                      | .00  | \$        |                        | 0.00                   |      |
|     | 8b.  | Interest and dividends  | 8b        | . 9  | \$ 0                      | .00  | \$        |                        | 0.00                   |      |
|     | 8c.  | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c        | . (  | \$ <b>0</b>               | .00  | \$_       |                        | 0.00                   |      |
|     | 8d.  | Unemployment compensation   | 8d        |      |                           | .00  | \$_       |                        | 0.00                   |      |
|     | 8e.  | Social Security   | 8e        | . :  | \$ <b>0</b>               | .00  | \$_       |                        | 0.00                   |      |
|     | 8f.  | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | 8f.       |      |                           | .00  | \$_       |                        | 0.00                   |      |
|     | 8g.<br>8h.   | Pension or retirement income Other monthly income. Specify:   | 8g<br>8h  |      |                           | .00  | \$_       |                        | 0.00                   |      |
|     | OII.   | Other monthly income. Specify:  | _ 011     | .+ 、 | PU                        | .00  | + ¬       |                        | 0.00                   |      |
| 9.  | Add  | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.        | \$   | 0                         | .00  | \$_       |                        | 0.00                   |      |
| 10. | Cal  | culate monthly income. Add line 7 + line 9.   | 10.       | \$   | 0.00                      | + \$ |           | 0.00                   | = \$                   | 0.00 |
|     | Add  | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |           |      |                           |      |           |                        |                        |      |
| 11. | 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00 |   |           |      |                           |      |           |                        |                        |      |
| 12. |  | If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certaillies  |           |      |                           |      |           | e.<br>12.              | \$                     | 0.00 |
| 13. | Do   | you expect an increase or decrease within the year after you file this form No.   | ?         |      |                           |      |           |                        | Combined<br>monthly in |      |
|     | _  | Yes. Explain:   |           |      |                           |      |           |                        |                        |      |

Official Form 106l Schedule I: Your Income page 2

| Fill in_tl       | nis information to identify yo  | our case:  |   | 1                |   |  |
|------------------|---|--|---|------------------|---|--|
| Debtor 1         |   |  |   | Chec             | k if this is:   |  |
| Debtor 2         |   |  |   |                  | An amended filing<br>A supplement shov<br>13 expenses as of | ving postpetition chapter<br>the following date: |
| ` '              | States Bankruptcy Court for the:  | MIDDLE DISTRICT OF FLORIDA<br>DIVISION   | - TAMPA                                 | _                | MM / DD / YYYY  |  |
| Case nu          |   |  |   |                  |   |  |
|                  | cial Form 106J  |  |   | I                |   |  |
|                  | edule J: Your I   |  |   |                  |   | 12/15  |
| inform<br>number | ation. If more space is need (if known). Answer ever Describe Your House            | •  |   |                  |   |  |
|                  | this a joint case?  No. Go to line 2.   |  |   |                  |   |  |
|                  | No. Go to line 2.<br>Yes. <b>Does Debtor 2 live i</b>                               | n a separate household?  |   |                  |   |  |
|                  | ☐ No☐ Yes. Debtor 2 mus   | st file Official Form 106J-2, <i>Expenses</i>  | for Separate House                      | ehold of Debt    | or 2.   |  |
| 2. <b>D</b>      | o you have dependents?  | □ No   |   |                  |   |  |
|                  | o not list Debtor 1 and ebtor 2.  | ■ Yes. Fill out this information for each dependent  | Dependent's relati<br>Debtor 1 or Debto |                  | Dependent's age   | Does dependent live with you?                    |
|                  | o not state the ependents names.  |  | Son                                     |                  | 1   | □ No ■ Yes                                       |
| u                | speridents names.   |  |   |                  |   | □ No   |
|                  |   |  | Daughter                                |                  | 3   | ■ Yes<br>□ No                                    |
|                  |   |  | Son                                     |                  | 11  | Yes  |
|                  |   |  |   |                  |   | □ No<br>□ Yes                                    |
| ex               | o your expenses include<br>openses of people other the<br>ourself and your depender |  |   |                  |   |  |
| Part 2:          |   |  |   |                  |   |  |
| expens           |   | our bankruptcy filing date unless y<br>pankruptcy is filed. If this is a supp  |   |                  |   |  |
| the val          |   | non-cash government assistance in the description of the description o |   |                  | Your expe   | enses  |
|                  | ne rental or home owners<br>ayments and any rent for the                            | hip expenses for your residence. In a ground or lot.   | nclude first mortgag                    | e<br>4. \$       |   | 1,889.40   |
| If               | not included in line 4:   |  |   |                  |   |  |
| 48               | a. Real estate taxes  |  |   | 4a. \$           |   | 0.00   |
| 41               | . ,,  |  |   | 4b. \$           |   | 0.00   |
| 40<br>40         |   | pair, and upkeep expenses<br>ion or condominium dues   |   | 4c. \$<br>4d. \$ |   | 200.00<br>33.33                                  |
|                  |   | ents for your residence, such as ho  | me equity loans                         | 5. \$            |   | 0.00   |

| Debtor 1       | Albert Habeil   | Case num      | ber (if known) |                          |
|----------------|---|---------------|----------------|--------------------------|
| 6. <b>Util</b> | ties:   |               |                |                          |
| 6a.            | Electricity, heat, natural gas  | 6a.           | \$             | 250.00                   |
| 6b.            | Water, sewer, garbage collection  | 6b.           | · -            | 150.00                   |
| 6c.            | Telephone, cell phone, Internet, satellite, and cable services                                | 6c.           | ·              | 514.00                   |
| 6d.            | Other. Specify:   | 6d.           | ·              | 0.00                     |
|                | d and housekeeping supplies   | 7.            |                | 1,000.00                 |
|                | dcare and children's education costs  | 7.<br>8.      | \$             |                          |
| _              |   |               | · -            | 40.00                    |
|                | hing, laundry, and dry cleaning   | 9.            | \$             | 130.00                   |
|                | sonal care products and services  | 10.           |                | 200.00                   |
|                | lical and dental expenses   | 11.           | \$             | 200.00                   |
|                | nsportation. Include gas, maintenance, bus or train fare.                                     | 12.           | \$             | 0.00                     |
|                | not include car payments.   | 13.           | ·              |                          |
|                | ertainment, clubs, recreation, newspapers, magazines, and books                               | 13.<br>14.    | '              | 100.00                   |
|                | ritable contributions and religious donations   | 14.           | <b>&gt;</b>    | 0.00                     |
|                | <b>Irance.</b> not include insurance deducted from your pay or included in lines 4 or 20.     |               |                |                          |
|                | Life insurance  | 15a.          | ¢              | 0.00                     |
|                |   |               | ·              |                          |
|                | Health insurance  | 15b.          | ·              | 0.00                     |
|                | Vehicle insurance   | 15c.          |                | 0.00                     |
|                | Other insurance. Specify:   | 15d.          | \$             | 0.00                     |
|                | es. Do not include taxes deducted from your pay or included in lines 4 or 20.                 |               | _              |                          |
|                | cify: IRS installment agreement for back taxes  | 16.           | \$             | 300.00                   |
|                | allment or lease payments:  | 47-           | •              |                          |
|                | Car payments for Vehicle 1  | 17a.          | ·              | 682.97                   |
|                | Car payments for Vehicle 2  | 17b.          | ·              | 398.87                   |
|                | Other. Specify:   | 17c.          | \$             | 0.00                     |
| 17d            | Other. Specify:   | 17d.          | \$             | 0.00                     |
|                | r payments of alimony, maintenance, and support that you did not report                       |               | <b>c</b>       | 0.00                     |
|                | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106)                    | <b>).</b> 18. | · ·            |                          |
|                | er payments you make to support others who do not live with you.                              |               | \$             | 0.00                     |
|                | cify:   | 19.           |                |                          |
|                | er real property expenses not included in lines 4 or 5 of this form or on Sc                  |               |                | 0.00                     |
|                | Mortgages on other property   | 20a.          | · -            | 0.00                     |
|                | Real estate taxes   | 20b.          | · <u> </u>     | 0.00                     |
|                | Property, homeowner's, or renter's insurance  | 20c.          | · ·            | 0.00                     |
|                | Maintenance, repair, and upkeep expenses  | 20d.          |                | 0.00                     |
| 20e            | Homeowner's association or condominium dues   | 20e.          | \$             | 0.00                     |
| . Oth          | er: Specify:  | 21.           | +\$            | 0.00                     |
| Cal            | culate your monthly expenses  |               |                |                          |
|                | Add lines 4 through 21.   |               | \$             | C 000 E7                 |
|                | S .   |               |                | 6,088.57                 |
|                | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2               | <u> </u>      | \$             |                          |
| 22c            | Add line 22a and 22b. The result is your monthly expenses.                                    |               | \$             | 6,088.57                 |
| . Cal          | culate your monthly net income.   |               |                |                          |
|                | Copy line 12 (your combined monthly income) from Schedule I.                                  | 23a.          | \$             | 0.00                     |
|                | Copy your monthly expenses from line 22c above.   | 23b.          | · -            | 6,088.57                 |
| 230            | Copy your monthly expenses nominate 226 above.  | ۷۵۵.          | Ψ              | 0,000.37                 |
| 230            | Subtract your monthly expenses from your monthly income.                                      |               |                |                          |
| 200            | The result is your <i>monthly net income</i> .  | 23c.          | \$             | -6,088.57                |
|                | - <b>,</b> - · · · <b>,</b> · · · · · · ·   |               |                |                          |
| 4. <b>Do</b>   | you expect an increase or decrease in your expenses within the year after                     | you file this | form?          |                          |
| For            | example, do you expect to finish paying for your car loan within the year or do you expect yo |               |                | se or decrease because o |
|                | fication to the terms of your mortgage?   |               |                |                          |
| <b>I</b>       | lo.   |               |                |                          |
| Пν             | Fynlain here:   |               |                |                          |

| Fill in this inf                | ormation to identify your                         | case:  |                  |                      |                 |  |
|---------------------------------|---|--|------------------|----------------------|-----------------|--|
| Debtor 1                        | Albert Habeil                                     |  |                  |                      |                 |  |
|                                 | First Name  | Middle Name                                  | Las              | st Name              |                 |  |
| Debtor 2<br>(Spouse if, filing) | First Name  | Middle Name                                  | Las              | st Name              |                 |  |
| United States                   | Bankruptcy Court for the:                         | MIDDLE DISTRICT                              | OF FLORIDA -     | TAMPA DIVISION       |                 |  |
| Case number<br>(if known)       |   |  |                  |                      |                 | ☐ Check if this is an amended filing   |
|                                 | orm 106Dec  |  |                  |                      |                 |  |
| Declara                         | ation About a                                     | <u>n Individu</u>                            | al Debt          | or's Sche            | dules           | 12/15  |
| You must file obtaining more    |   | le bankruptcy sched<br>n connection with a l | ules or amend    | ed schedules. Maki   | ng a false stat | tement, concealing property, or<br>00, or imprisonment for up to 20          |
| Did you                         | pay or agree to pay some                          | one who is NOT an a                          | attorney to help | you fill out bankru  | ptcy forms?     |  |
| ■ No                            |   |  |                  |                      |                 |  |
| ☐ Yes                           | . Name of person                                  |  |                  |                      |                 | nkruptcy Petition Preparer's Notice,<br>n, and Signature (Official Form 119) |
|                                 | nalty of perjury, I declare are true and correct. | that I have read the                         | summary and s    | schedules filed with | this declarati  | ion and  |
| X /s/ A                         | lbert Habeil                                      |  | Х                |                      |                 |  |
|                                 | ert Habeil<br>ature of Debtor 1                   |  |                  | Signature of Debto   | r 2             |  |
| Date                            | April 18, 2019                                    |  |                  | Date                 |                 |  |

| Eil  | in this inform                             | ation to identify you   | r 00001   |   |  |   |  |  |  |  |
|------|--|---|---|---|--|---|--|--|--|--|
|      | btor 1                                     | Albert Hebeil   | case.   |   |  |   |  |  |  |  |
| De   | DIOI I                                     | Albert Habeil First Name  | Middle Name   | Last Name   |  |   |  |  |  |  |
| 1 -  | btor 2<br>ouse if, filing)                 | First Name  | Middle Name   | Last Name   |  |   |  |  |  |  |
| ``   | . 0,                                       | kruptcy Court for the:  |   | LORIDA - TAMPA DIVISION                               |  |   |  |  |  |  |
| Un   | iled States Ban                            | kruptcy Court for the.  | MIDDLE DISTRICT OF F  | LORIDA - TAIVIPA DIVISION                             | <u>'</u>                                   |   |  |  |  |  |
|      | se number                                  |   |   |   |  | Check if this is an amended filing                    |  |  |  |  |
|      | ficial For                                 |   | Affairs for Individ   | duals Filing for B                                    | ankruptcy                                  | 4/19  |  |  |  |  |
| info | ormation. If months                        | ore space is needed,<br>). Answer every que   | ble. If two married people a<br>attach a separate sheet to<br>stion.<br>arital Status and Where You | this form. On the top of an                           |  |   |  |  |  |  |
| 1.   |  | current marital statu   |   | Elved Belote  |  |   |  |  |  |  |
|      | _  |   |   |   |  |   |  |  |  |  |
|      | <ul><li>Married</li><li>Not marr</li></ul> | ied   |   |   |  |   |  |  |  |  |
| 2.   | During the la                              | st 3 years, have you  | lived anywhere other than   | where you live now?                                   |  |   |  |  |  |  |
|      | □ No                                       |   |   |   |  |   |  |  |  |  |
|      | Yes. List                                  | Yes. List all of the places you lived in the last 3 years. Do not include where you live now. |   |   |  |   |  |  |  |  |
|      | Debtor 1 Price                             | or Address:   | Dates Debtor 1 lived there  |   |  | Dates Debtor 2<br>lived there                         |  |  |  |  |
|      | 2215 Black<br>Mulberry, F                  |   | From-To:<br><b>12/2013-09/20</b>  | Same as Debtor  | 1  | ☐ Same as Debtor 1 From-To:                           |  |  |  |  |
|      | ■ No □ Yes. Mak                            | es include Arizona, Ca  | ver live with a spouse or leg<br>lifornia, Idaho, Louisiana, Ner<br>medule H: Your Codebtors (Of    | vada, New Mexico, Puerto R                            |  |   |  |  |  |  |
| Pa   | rt 2 Explain                               | the Sources of You  | r Income  |   |  |   |  |  |  |  |
| 4.   | Fill in the total                          | amount of income yo   | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive        | all businesses, including part                        | -time activities.                          | endar years?  |  |  |  |  |
|      | Yes. Fill i                                | in the details.   |   |   |  |   |  |  |  |  |
|      |  |   | Debtor 1  |   | Debtor 2                                   |   |  |  |  |  |
|      |  |   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |  |  |  |  |
|      |  | of current year until<br>for bankruptcy:  | ■ Wages, commissions, bonuses, tips   | \$22,153.92   | ☐ Wages, commissions, bonuses, tips        |   |  |  |  |  |
|      |  |   | ☐ Operating a business  |   | ☐ Operating a business                     |   |  |  |  |  |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| De  | ebtor 1 Albert Habeil  |  | Cas  | e number (if known)  |   |
|---|--|--|--|--|---|
|   |  |  |  |  |   |
|   |  | Debtor 1   |  | Debtor 2   |   |
|   |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions<br>and exclusions) |
| For last calendar year:<br>(January 1 to December 31, 2018)         |  | Wages, commissions, bonuses, tips  | \$123,400.64   | ☐ Wages, commissions, bonuses, tips  |   |
|   |  | ☐ Operating a business   |  | ☐ Operating a business   |   |
| For the calendar year before that: (January 1 to December 31, 2017) |  |  | \$137,823.39   | ☐ Wages, commissions, bonuses, tips  |   |
|   |  | ☐ Operating a business   |  | ☐ Operating a business   |   |
|   | winnings. If you are filing a jo   | nents; pensions; rental income; inte<br>int case and you have income that<br>ss income from each source separa   | you received together, list it o   | only once under Debtor 1.  | and james gard lottery                                |
|   |  | Debtor 1   |  | Debtor 2   |   |
|   |  | Sources of income Describe below.  | Gross income from<br>each source<br>(before deductions and<br>exclusions)  | Sources of income<br>Describe below.   | Gross income<br>(before deductions<br>and exclusions) |
| Pa  | art 3: List Certain Payment  | s You Made Before You Filed for  | Bankruptcy   |  |   |
| ô.  | □ No. Neither Debtor 1 individual primaril  □ During the 90 day □ No. Go to □ Yes List be paided not in * Subject to adjue | btor 2's debts primarily consumed nor Debtor 2 has primarily considered for a personal, family, or househout before you filed for bankruptcy, or bline 7.  Delow each creditor to whom you pathat creditor. Do not include payment to an attorney for stment on 4/01/22 and every 3 yeactor 2 or both have primarily considered for the primarily considered for the primarily considered for 2 or both have primarily considered for 2 or both have primarily considered for 2 or both for 2 has primarily considered for 2 or both for 2 has primarily considered for 2 or both for 2 has primarily considered for 2 has primarily conside | sumer debts. Consumer debts old purpose."  did you pay any creditor a total aid a total of \$6,825* or more it ents for domestic support oblights bankruptcy case.  Its after that for cases filed on sumer debts. | I of \$6,825* or more?  n one or more payments and ations, such as child support or after the date of adjustme | the total amount you and alimony. Also, do            |
|   | ■ No. Go to □ Yes List be included.  | e 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?  Go to line 7.  List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to ar attorney for this bankruptcy case.  |  |  |   |
|   | Creditor's Name and Addr   | ess Dates of paym  | ent Total amount paid  | Amount you Was this still owe  | payment for   |
|   |  |  |  |  |   |

Case number (if known)

| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |   |   |                        |                                       |  |  |
|-----|---|---|---|------------------------|---------------------------------------|--|--|
|     | <ul><li>■ No</li><li>□ Yes. List all payments to an insider.</li></ul>  |   |   |                        |                                       |  |  |
|     | Insider's Name and Address  | Dates of payment  | Total amount paid   | Amount you still owe   |                                       | this payment                                 |  |
| 8.  | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cost   |   | nents or transfer a   | any property o         | n account of a d                      | ebt that benefited an                        |  |
|     | No  |   |   |                        |                                       |  |  |
|     | Yes. List all payments to an insider  | <b>D</b>  |   |                        |                                       |  |  |
|     | Insider's Name and Address  | Dates of payment  | Total amount paid   | Amount you<br>still ow |                                       | this payment<br>itor's name                  |  |
| Par | t 4: Identify Legal Actions, Repossession   | s, and Foreclosures                                     |   |                        |                                       |  |  |
| 9.  | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.   | cy, were you a party in any cases, small claims actions | y lawsuit, court action, or adminis<br>s, divorces, collection suits, paternity |                        | strative proceed<br>y actions, suppor | ling?<br>t or custody                        |  |
|     | Case title Case number  | Nature of the case Court or agency                      |   | Status of th           | Status of the case                    |  |  |
|     | Freedom Mortgage Corporation v.<br>Albert Habeil<br>2019CA-000612-0000-00   | Foreclosure   | Polk County Co<br>255 N. Broadwa<br>Bartow, FL 338                              | ay Ave.                | ■ Pending □ On appe □ Conclud         | al   |  |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address   |   | rty repossessed, f  | oreclosed, gar         |                                       | I, seized, or levied?  Value of the property |  |
|     |   | Explain what happened                                   |   |                        |                                       | property                                     |  |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment becan a No  Yes. Fill in the details.  |   | uding a bank or fir   | nancial institut       | ion, set off any a                    | nmounts from your                            |  |
|     | Creditor Name and Address   | Describe the action the                                 | creditor took   |                        | ite action was<br>ken                 | Amount                                       |  |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at   |   | rty in the possess  | ion of an assig        | nee for the bene                      | efit of creditors, a                         |  |
|     | ■ No □ Yes  |   |   |                        |                                       |  |  |

Debtor 1 Albert Habeil

| Debt | tor 1 Albert Habeil   | Case number  | (if known)                        |                           |
|------|---|--|-----------------------------------|---------------------------|
|      |   |  |                                   |                           |
| Part | 5: List Certain Gifts and Contributions   |  |                                   |                           |
| 13.  | Within 2 years before you filed for bankruptcy,  No  Second 1. No Second 2. No Sec | did you give any gifts with a total value of more t  | han \$600 per person?             | •                         |
|      | Gifts with a total value of more than \$600 per person  | Describe the gifts   | Dates you gave the gifts          | Value                     |
|      | Person to Whom You Gave the Gift and Address:   |  |                                   |                           |
|      | Within 2 years before you filed for bankruptcy,  ■ No □ Yes. Fill in the details for each gift or contribu  | did you give any gifts or contributions with a total   | al value of more than             | \$600 to any charity?     |
|      | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)  | Describe what you contributed  | Dates you contributed             | Value                     |
| Part | 6: List Certain Losses  |  |                                   |                           |
|      | Within 1 year before you filed for bankruptcy o or gambling?  | r since you filed for bankruptcy, did you lose any   | thing because of thef             | t, fire, other disaster   |
|      | ■ No □ Yes. Fill in the details.  |  |                                   |                           |
|      | how the loss occurred Includ  | ribe any insurance coverage for the loss le the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property. | Date of your loss                 | Value of property<br>lost |
| Part |   | and drains on the 33 of deficultie 74 B. 1 Toperty.  |                                   |                           |
| 16.  | Within 1 year before you filed for bankruptcy, c<br>consulted about seeking bankruptcy or prepar  | lid you or anyone else acting on your behalf pay ing a bankruptcy petition? ers, or credit counseling agencies for services require            |                                   | ty to anyone you          |
|      | <ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>  |  |                                   |                           |
|      | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You   | Description and value of any property transferred  | Date payment or transfer was made | Amount of payment         |
|      | Eva Donohue PA<br>PO Box 5074<br>Lakeland, FL 33807   | \$1550.00 legal fee and credit report<br>\$335.00 filing fee   | 02/19/2019;<br>02/26/2019         | \$1,885.00                |
|      | Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors or not include any payment or transfer that you list  |  | or transfer any proper            | ty to anyone who          |
|      | ■ No □ Yes. Fill in the details.  |  |                                   |                           |
|      | Person Who Was Paid Address   | Description and value of any property transferred  | Date payment or transfer was      | Amount of payment         |
|      |   |  | made                              |                           |

Case number (if known)

| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your linclude both outright transfers and transfers include gifts and transfers that you have alreat No | business or financial af<br>nade as security (such as   | fairs?<br>the granting of a s   |  |   |
|-----|---|---|---|--|---|
|     | Yes. Fill in the details.   |   |   |  |   |
|     | Person Who Received Transfer Address  | Description and property transfe  |   | Describe any property or payments received or debts paid in exchange | Date transfer was made                        |
|     | Person's relationship to you  |   |   |  |   |
|     | Julie Maxwell  None   | 50% interest in Fleetwood 24 : Home located Harden Blvd, I sales price \$3 commission to \$2,280.00, less and late fee \$1 roof repair, \$4 | x 40 Mobile<br>at 2600<br>Lot #240<br>(8,000.00, less<br>o selling agent,<br>s back lot rent<br>,074.00; less | Received 50% of the net proceeds from sale totaling \$17,123.00      | 02/15/2019                                    |
| 19. | Within 10 years before you filed for bankru beneficiary? (These are often called asset-particle)  No Yes. Fill in the details.  |   | ny property to a s  | self-settled trust or similar device                                 | e of which you are a                          |
|     | Name of trust   | Description and   | value of the prop   | perty transferred  | Date Transfer was                             |
|     |   |   |   |  | made  |
| Par | t 8: List of Certain Financial Accounts, Ir   | nstruments, Safe Depos  | it Boxes, and Sto   | orage Units  |   |
| 20. | Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso ☐ No                          | or other financial accor  | unts; certificates  | of deposit; shares in banks, cred                                    | •   |
|     | Yes. Fill in the details.   |   |   |  |   |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number   | Type of accou instrument  | nt or Date account was closed, sold, moved, or transferred           | Last balance<br>before closing or<br>transfer |
|     | Suntrust  | xxxx-2596   | ■ Checking □ Savings □ Money Mark □ Brokerage □ Other   | November 2018  | \$0.00  |
| 21. | Do you now have, or did you have within 1 cash, or other valuables?   | year before you filed fo  |   | y safe deposit box or other depo                                     | esitory for securities,                       |
|     | ■ No □ Yes. Fill in the details.  |   |   |  |   |
|     | Name of Financial Institution   | Who else had ac   | 1. 10   | Describe the contents  | Do you still                                  |

Debtor 1 Albert Habeil

Debtor 1 Albert Habeil Case number (if known)

| 22.    | Have    | you stored property in a storage unit or pla  | ace other than your home within 1   | year before you filed for  | r bankruptcy?             |            |
|--------|---------|---|---|----------------------------|---------------------------|------------|
|        | _       | No<br>Kan Fill in the details   |   |                            |                           |            |
|        | Nam     | Yes. Fill in the details. e of Storage Facility eess (Number, Street, City, State and ZIP Code)   | Who else has or had access to it?  Address (Number, Street, City, State and ZIP Code) | Describe the contents      | Do you<br>have it         |            |
| Par    | t 9:    | Identify Property You Hold or Control for S   | Someone Else  |                            |                           |            |
| 23.    | -       | ou hold or control any property that someon<br>omeone.  | ne else owns? Include any proper  | ty you borrowed from, a    | re storing for, or hold   | in trust   |
|        | _       | No<br>Yes. Fill in the details.   |   |                            |                           |            |
|        | -       | er's Name<br>'ess (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)               | Describe the property      |                           | Value      |
| Par    | t 10:   | Give Details About Environmental Informa  | tion  |                            |                           |            |
| For    | the pu  | rpose of Part 10, the following definitions a   | apply:  |                            |                           |            |
|        | toxic   | onmental law means any federal, state, or I<br>substances, wastes, or material into the ai<br>ations controlling the cleanup of these sub | r, land, soil, surface water, ground  |                            |                           |            |
|        |         | neans any location, facility, or property as on, operate, or utilize it, including disposal s   | •   | aw, whether you now ov     | wn, operate, or utilize i | it or used |
|        |         | rdous material means anything an environn<br>dous material, pollutant, contaminant, or s  |   | waste, hazardous subs      | tance, toxic substance    | Э,         |
| Rep    | ort all | notices, releases, and proceedings that yo  | u know about, regardless of when  | they occurred.             |                           |            |
| 24.    | Has a   | ny governmental unit notified you that you  | may be liable or potentially liable   | under or in violation of   | an environmental law?     | ?          |
|        |         | No  |   |                            |                           |            |
|        | _       | es. Fill in the details.  | O   | For the control law.       | Years Date of             | · · · ·    |
|        |         | e of site<br>'ess (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State and ZIP Code)                  | Environmental law, know it | if you Date of            | f notice   |
| 25.    | Have    | you notified any governmental unit of any   | release of hazardous material?  |                            |                           |            |
|        | _       | No<br>/es. Fill in the details.   |   |                            |                           |            |
|        |         | e of site<br>'ess (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State and ZIP Code)                  | Environmental law, know it | if you Date of            | f notice   |
| 26.    | Have    | you been a party in any judicial or adminis   | trative proceeding under any envi   | ronmental law? Include     | settlements and order     | 's.        |
|        |         | No<br>Yes. Fill in the details.   |   |                            |                           |            |
|        |         | e Title<br>e Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)               | Nature of the case         | Status<br>case            | of the     |
| Par    | t 11:   | Give Details About Your Business or Conr  | nections to Any Business  |                            |                           |            |
| 27.    | Withi   | n 4 years before you filed for bankruptcy, d  | lid you own a business or have an   | y of the following conne   | ections to any busines    | s?         |
|        | _       | ☐ A sole proprietor or self-employed in a tr  | •   | -                          | -                         |            |
|        | I       | ☐ A member of a limited liability company   | (LLC) or limited liability partnership  | ip (LLP)                   |                           |            |
| Offici | al Form | 107 Statement of  | f Financial Affairs for Individuals Filing  | for Bankruptcy             |                           | page       |

### Case 8:19-bk-03566-CPM Doc 1 Filed 04/18/19 Page 41 of 62

| Deb        | otor 1         | Albert Habeil  | C   | ase number (if known)   |
|------------|----------------|--|---|---|
|            |                |  |   |   |
|            |                | ☐ A partner in a partnership   |   |   |
|            |                | ☐ An officer, director, or managing ex   | ecutive of a corporation                      |   |
|            |                | ☐ An owner of at least 5% of the voting  | g or equity securities of a corporation       |   |
|            |                | No. None of the above applies. Go to F   | Part 12.                                      |   |
|            |                | Yes. Check all that apply above and fill   | in the details below for each business.       |   |
|            |                | siness Name<br>Iress   | Describe the nature of the business           | Employer Identification number Do not include Social Security number or ITIN.   |
|            |                | nber, Street, City, State and ZIP Code)  | Name of accountant or bookkeeper              | Dates business existed  |
|            |                |  |   |   |
| 28.        |                | iin 2 years before you filed for bankrupt<br>tutions, creditors, or other parties. | cy, did you give a financial statement to a   | anyone about your business? Include all financial   |
|            |                | No   |   |   |
|            |                | Yes. Fill in the details below.  |   |   |
|            | Nan            | ne<br>Iress  | Date Issued                                   |   |
|            |                | nber, Street, City, State and ZIP Code)  |   |   |
| Par        | t 12:          | Sign Below   |   |   |
| are t      | true a<br>a ba | and correct. I understand that making a  |   | I declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both. |
|            |                | rt Habeil<br>Habeil  | Signature of Debtor 2                         |   |
|            |                | re of Debtor 1   | Oignature of Debtor 2                         |   |
| Dat        | e A            | April 18, 2019   | Date  |   |
| Did<br>■ N | lo             | nttach additional pages to Your Stateme  | ent of Financial Affairs for Individuals Fili | ing for Bankruptcy (Official Form 107)?   |
| Did<br>■ N |                | pay or agree to pay someone who is not   | an attorney to help you fill out bankrupt     | cy forms?   |
| ΠY         | es. N          | ame of Person Attach the Bankru  | ptcy Petition Preparer's Notice, Declaration, | and Signature (Official Form 119).  |

| Fill in this inform   | nation to identify your  | case:   |  |  |
|---|--|---|--|--|
| Debtor 1  | Albert Habeil  |   |  |  |
| Dobtor 2  | First Name   | Middle Name   | Last Name  |  |
| Debtor 2<br>(Spouse if, filing)                               | First Name   | Middle Name   | Last Name  |  |
| United States Ba  | inkruptcy Court for the:   | MIDDLE DISTRIC  | CT OF FLORIDA - TAMPA DIVISION   |  |
| Case number   |  |   |  |  |
| (if known)  |  |   |  | Check if this is an amended filing                               |
| Official Fo<br><b>Statemer</b>                                |  | n for Indiv   | riduals Filing Under Chapt   | <b>er 7</b> 12/15  |
| creditors have you have leas You must file this whiche on the | ever is earlier, unless the<br>form<br>cople are filing together<br>and date the form. | ur property, or<br>nd the lease has n<br>ithin 30 days after<br>e court extends th<br>in a joint case, bo |  | he creditors and lessors you list information. Both debtors must |
| Part 1: List Yo   | our name and case nur  | e Secured Claims  |  |  |
| 1. For any credite<br>information be                          |  | art 1 of Schedule D   | : Creditors Who Have Claims Secured by Proper  | ty (Official Form 106D), fill in the                             |
| Identify the cre  | editor and the property t  | hat is collateral   | What do you intend to do with the property the secures a debt?   | at Did you claim the property as exempt on Schedule C?           |
| Creditor's <b>A</b> name:                                     | Ily Financial  |   | ☐ Surrender the property. ☐ Retain the property and redeem it.   | ■ No   |
| Description of property securing debt:                        | 2013 Nissan Sentr  | a 75000 miles   | <ul><li>■ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul> | □ Yes<br>—   |
| Creditor's <b>F</b> name:                                     | lorida Central Credit  |   | ☐ Surrender the property. ☐ Retain the property and redeem it.   | □ No   |
| Description of property securing debt:                        | miles  | 500 109915  | <ul><li>■ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul> | ■ Yes  |
| Creditor's <b>F</b>   | reedom Mortgage Co   | orp   | ☐ Surrender the property. ☐ Retain the property and redeem it.   | □ No   |
| Description of  | 7112 Highlands Cr<br>Lakeland, FL 3381<br>County                                       |   | Retain the property and enter into a Reaffirmation Agreement.  | ■ Yes  |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

### Case 8:19-bk-03566-CPM Doc 1 Filed 04/18/19 Page 43 of 62

| Debtor 1 Al  | bert Habeil  | Case number (if kno  | own)                                   |
|--|--|--|--|
| property<br>securing de  | Lot 106, HIGHLANDS CREEK PHASE TWO, a subdivision according to the plat thereof recorded in Plat Book 167, Pages 24 to 28, in the Public Records of Polk County, Florida | ☐ Retain the property and [explain]:   |  |
| Creditor's name:  Description property securing de                                       | 56000 miles  | <ul> <li>■ Surrender the property.</li> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul> | ■ No<br>□ Yes                          |
| For any unexpin the informa  | ition below. Do not list real estate leases. U   | d in Schedule G: Executory Contracts and Unexp<br>nexpired leases are leases that are still in effect<br>the trustee does not assume it. 11 U.S.C. § 365(  | ; the lease period has not yet ended.  |
| Describe you   | ur unexpired personal property leases  |  | Will the lease be assumed?             |
| ·  | r unexpired personal property leases   |  | Will the lease be assumed?             |
| Describe you Lessor's name Description of Property:                                      | ⊕: Progressive Leasing   |  | Will the lease be assumed?  ■ No □ Yes |
| Lessor's name  Description of Property:  | e: Progressive Leasing   |  | ■ No                                   |
| Description of Property:  Part 3: Signature Under penalty property that                  | Progressive Leasing  leased screen protector for Iphones  n Below  of perjury, I declare that I have indicated mis subject to an unexpired lease.                        | ny intention about any property of my estate that  | ■ No<br>□ Yes                          |
| Description of Property:  Part 3: Signature Under penalty property that                  | Progressive Leasing  leased screen protector for Iphones  n Below  of perjury, I declare that I have indicated mis subject to an unexpired lease.                        | ny intention about any property of my estate that  X Signature of Debtor 2   | ■ No<br>□ Yes                          |
| Description of Property:  Part 3: Sign Under penalty property that  X /s/ Alber Albert H | Progressive Leasing  leased screen protector for Iphones  n Below  of perjury, I declare that I have indicated mis subject to an unexpired lease.                        | X  | ■ No<br>□ Yes                          |

| Fill in this inforr   | nation to identify your cas  | se:   |  | Ch   | eck on               | e box only as d    | irected in                   | this form and in                                      | n Form                      |
|---|--|---|--|--|----------------------|--------------------|------------------------------|---|-----------------------------|
| Debtor 1  | Albert Habeil  |   |  | 12   | 2A-1Su               | ipp:               |                              |   |                             |
| Debtor 2<br>(Spouse, if filing)   |  |   |  |  | □ 1. T               | here is no pres    | umption o                    | f abuse   |                             |
|   | Bankruptcy Court for the:  | Middle District of F<br>Division  | lorida - Tampa   |  | a                    |                    | nade unde                    | ne if a presump<br>er <i>Chapter 7 Me</i><br>122A-2). |                             |
| Case number (if known)  |  |   |  |  |                      |                    |                              | apply now beca  |                             |
| O#: a: a   E  | - w 400A 4   |   |  |  | □ Ch                 | eck if this is a   | n amend                      | led filing  |                             |
|   | orm 122A - 1   |   |  | . (  -  -  -  -  -  -  -  -  -  -  -  -  - |                      | _                  |                              |   |                             |
| Cnapter   | 7 Statement of   | of Your Cur   | rent Mor   | itniy inc                                  | ome                  | <u>e</u>           |                              |   | 12/15                       |
| attach a separate<br>case number (if k<br>qualifying militar<br>Part 1: Cal | nd accurate as possible. If<br>sheet to this form. Include<br>known). If you believe that y<br>y service, complete and file<br>Iculate Your Current Mo<br>our marital and filing sta | the line number to w<br>you are exempted from<br>a Statement of Exempted<br>onthly Income | nich the addition<br>n a presumption<br>tion from Presum | nal information a<br>of abuse becau        | applies.<br>se you   | On the top of an   | ny addition<br>narily cons   | nal pages, write y<br>sumer debts or b                | your name and<br>because of |
|   | arried. Fill out Column A,   |   | у.   |  |                      |                    |                              |   |                             |
|   | d and your spouse is fil   |   | t both Columns   | A and B. lines                             | 2-11.                |                    |                              |   |                             |
| _   | d and your spouse is N   | •   |  | ·  |                      |                    |                              |   |                             |
|   |  |   | -  | •  | lumna                | A and D. lines (   | . 44                         |   |                             |
|   | ng in the same househo<br>ng separately or are lega  |   |  |  |                      |                    |                              | this box you d  | ladara undar                |
| pen   | alty of perjury that you ang apart for reasons that d  | d your spouse are le  | gally separated  | d under nonbar                             | kruptcy              | y law that applic  | es or that                   |   |                             |
| 101(10A). For the 6 months,   | rage monthly income that y<br>example, if you are filing on sadd the income for all 6 month<br>he same rental property, put  | September 15, the 6-months and divide the total   | onth period would<br>by 6. Fill in the res               | be March 1 thro<br>sult. Do not inclu      | ugh Aug<br>de any ii | ust 31. If the amo | ount of your<br>ore than or  | monthly income nce. For example,                      | varied during<br>, if both  |
|   |  |   |  |  | Colun                |                    | Column<br>Debtor<br>non-fili |   |                             |
| Your gross    payroll decorate  | ss wages, salary, tips, beductions).   | onuses, overtime, a   | and commission   | ons (before all                            | \$                   | 7,692.28           | \$                           | 0.00  |                             |
| ,   | and maintenance payme is filled in.  | ents. Do not include  | payments from  | a spouse if                                | \$                   | 0.00               | \$                           | 0.00  |                             |
| of you or<br>from an ur<br>and roomr  | nts from any source whi<br>your dependents, include<br>married partner, member<br>mates. Include regular cor<br>o not include payments yo  | ding child support. rs of your household ntributions from a sp                            | Include regular<br>your depende                          | contributions<br>nts, parents,             | \$                   | 0.00               | \$                           | 0.00  |                             |
| 5. Net incon  | ne from operating a bus  | iness, profession, o  |  | 44   |                      |                    |                              |   |                             |
| Ordinary a  | eipts (before all deduction  | expenses  | \$ 0.00<br>-\$ 0.00                                      | copy here ->                               | ¢                    | 0.00               | \$                           | 0.00  |                             |
|   | lly income from a busines  | • •   | 15   | Copy fiere >                               | Ψ                    | 0.00               | Ψ                            |   |                             |
| o. Het moon   | io irom remai and other  | real property   | Deb  | tor 1                                      |                      |                    |                              |   |                             |
| Gross rec   | eipts (before all deduction  | ns)   | \$ 0.00  |  |                      |                    |                              |   |                             |
| Ordinary a  | and necessary operating e  | expenses  | -\$ 0.00   |  |                      |                    |                              |   |                             |
| Net month   | ly income from rental or o   | other real property   | \$0.00   | Copy here ->                               | \$                   | 0.00               | \$                           | 0.00  |                             |
| 7. Interest, o  | dividends, and royalties   |   |  |  | \$                   | 0.00               | \$                           | 0.00  |                             |

Official Form 122A-1

Case number (if known)

|      |   |   |            | Column A Debtor 1 |             | Column B Debtor 2 or non-filing s | pouse          |                 |
|------|---|---|------------|-------------------|-------------|-----------------------------------|----------------|-----------------|
| 8.   | Unemployment compensation   |   |            | \$                | 0.00        | \$                                | 0.00           |                 |
|      | Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:  | nt received was a benef                         | it under   |                   |             |                                   |                |                 |
|      | For you S   | 0.0   | 00_        |                   |             |                                   |                |                 |
|      | For your spouse S   | 0.0   | 00         |                   |             |                                   |                |                 |
| 9.   | <b>Pension or retirement income.</b> Do not include any at benefit under the Social Security Act.   |   | s a        | \$                | 0.00        | \$                                | 0.00           |                 |
| 10.  | Income from all other sources not listed above. Sp Do not include any benefits received under the Social received as a victim of a war crime, a crime against hu domestic terrorism. If necessary, list other sources on total below. | Security Act or paymen manity, or international | ts<br>or   |                   |             |                                   |                |                 |
|      | ·   |   |            | \$                | 0.00        | \$                                | 0.00           |                 |
|      |   |   |            | \$                | 0.00        | \$                                | 0.00           |                 |
|      | Total amounts from separate pages, if any.  |   | +          | \$                | 0.00        | \$                                | 0.00           |                 |
| 11.  | Calculate your total current monthly income. Add li each column. Then add the total for Column A to the to  |   | \$         | 7,692.28          | +           | 0.00                              | = \$_          | 7,692.28        |
|      |   |   |            |                   | J L         |                                   | Total<br>incom | current monthly |
| Part | 2: Determine Whether the Means Test Applies   | to You  |            |                   |             |                                   |                |                 |
| 12.  | Calculate your current monthly income for the year  | r. Follow these steps:                          |            |                   |             |                                   |                |                 |
|      | 12a. Copy your total current monthly income from line   | 11  |            | Сору              | / line 11 h | iere=>                            | \$             | 7,692.28        |
|      | Multiply by 12 (the number of months in a year)   |   |            |                   |             |                                   | X              |                 |
|      | 12b. The result is your annual income for this part of the  | ne form   |            |                   |             | 12b.                              | \$             | 92,307.36       |
| 13.  | Calculate the median family income that applies to  | you. Follow these step                          | os:        |                   |             |                                   |                |                 |
|      | Fill in the state in which you live.  | FL  |            |                   |             |                                   |                |                 |
|      | This is the state in Willow you live.   |   |            |                   |             |                                   |                |                 |
|      | Fill in the number of people in your household.   | 5   |            |                   |             |                                   |                |                 |
|      | Fill in the median family income for your state and size  | of household.                                   |            |                   |             | 13.                               | \$             | 87,833.00       |
|      | To find a list of applicable median income amounts, go for this form. This list may also be available at the bank   | online using the link sp                        |            |                   |             | tions                             |                |                 |
| 14.  | How do the lines compare?   |   |            |                   |             |                                   |                |                 |
|      | 14a.  | On the top of page 1, ch                        | eck box    | 1, There is r     | no presum   | ption of abuse                    |                |                 |
|      | 14b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2.   | of page 1, check box 2,                         | The pre    | esumption of      | abuse is o  | determined by                     | Form 1         | 22A-2.          |
| Part | 3: Sign Below   |   |            |                   |             |                                   |                |                 |
|      | By signing here, I declare under penalty of perjury   | y that the information or                       | n this sta | atement and       | in any atta | chments is tru                    | ie and c       | correct.        |
|      | X /s/ Albert Habeil   |   |            |                   |             |                                   |                |                 |
|      | Albert Habeil Signature of Debtor 1   |   |            |                   |             |                                   |                |                 |
|      | Date <b>April 18, 2019</b>  |   |            |                   |             |                                   |                |                 |
|      | MM / DD / YYYY  | m 100A 0  |            |                   |             |                                   |                |                 |
|      | If you checked line 14a, do NOT fill out or file For  |   |            |                   |             |                                   |                |                 |
|      | If you checked line 14b, fill out Form 122A-2 and   | the it with this form.                          |            |                   |             |                                   |                |                 |

Debtor 1 Albert Habeil

| Fill in this information to identify your case: |                              |  |  |  |  |  |  |
|---|------------------------------|--|--|--|--|--|--|
| Debtor 1  | Albert Habeil                |  |  |  |  |  |  |
| Debtor 2<br>(Spouse, if filing                  | Debtor 2 (Spouse, if filing) |  |  |  |  |  |  |
| United States Bankruptcy Court for the:         |                              | Middle District of Florida - Tampa<br>Division |  |  |  |  |  |
| Case number (if known)                          |                              |  |  |  |  |  |  |

| Check the appropriate box as directed in lines 40 or 42:  |
|---|
| According to the calculations required by this Statement: |
| ■ 1. There is no presumption of abuse.                    |
| ☐ 2. There is a presumption of abuse.                     |

☐ Check if this is an amended filing

### Official Form 122A - 2

## **Chapter 7 Means Test Calculation**

04/19

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

| Pai | t 1: Determine Your Adjusted Income  |                       |   |                 |                    |           |
|-----|--|-----------------------|---|-----------------|--------------------|-----------|
| 1.  | Copy your total current monthly income.  | Copy line 11 from Off | icial Form 122  | \-1 here=>      | \$                 | 7,692.28  |
| 2.  | Did you fill out Column B in Part 1 of Form 122A-1?  ☐ No. Fill in \$0 for the total on line 3.  ☐ Yes. Is your spouse Filing with you?  ☐ No. Go to line 3.  ☐ Yes. Fill in \$0 for the total on line 3.  |                       |   |                 |                    |           |
| 3.  | ☐ Yes. Fill in \$0 for the total on line 3.  Adjust your current monthly income by subtracting any household expenses of you or your dependents. Follow on line 11, Column B of Form 122A–1, was any amount of the expenses of you or your dependents? | hese steps:           |   |                 | ed for the h       | nousehold |
|     | ■ No. Fill in 0 for the total on line 3.  ☐ Yes. Fill in the information below:  State each purpose for which the income was use For example, the income is used to pay your spouse's support other than you or your dependents.                       | tay debt or to ar     | I in the amoun<br>e subtracting fi<br>ur spouse's inc | rom             |                    |           |
|     | Total.   | \$ _<br>\$ _          | 0.00  |                 |                    |           |
| 4.  | Adjust your current monthly income. Subtract line 3 from   | · <u> </u>            |   | Copy total here | => \$ <sub>_</sub> | 7,692.28  |

Official Form 122A-2

| Debtor 1 | Albert Habeil  |   | Case number (if known)   |       |
|----------|--|---|--|-------|
| Part 2:  | Calculate Your Deductions from Your Income   |   |  |       |
| to an    | nternal Revenue Service (IRS) issues National and I<br>swer the questions in lines 6-15. To find the IRS sta<br>uctions for this form. This information may also be a  | ndards, go online                           | using the link specified in the separate   |       |
| your     | ct the expense amounts set out in lines 6-15 regardless actual expenses if they are higher than the standards. Ene in line 3 and do not deduct any operating expenses the standards.   | Oo not deduct any ar                        | amounts that you subtracted fro your spouse's  |       |
| If you   | er expenses differ from month to month, enter the average  | ge expense.                                 |  |       |
| Wher     | never this part of the from refers to you, it means both you   | ou and your spouse                          | e if Column B of Form 122A-1 is filled in.   |       |
| 5.       | The number of people used in determining your dec  | ductions from inco                          | ome  |       |
|          | Fill in the number of people who could be claimed as ex<br>plus the number of any additional dependents whom yo<br>the number of people in your household.   |   |  |       |
| Natio    | onal Standards You must use the IRS National   | al Standards to answ                        | wer the questions in lines 6-7.  |       |
|          | Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and  |   | ed in line 5 and the IRS National \$\$   | 51.00 |
| ,        | Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the addition | mber of people is sp<br>a higher IRS allowa | plit into two categoriespeople who are under 65 and vance for health care costs. If your actual expenses are |       |
| Peop     | le who are under 65 years of age   |   |  |       |
|          | 7a. Out-of-pocket health care allowance per person   | \$52.00                                     | <u>)</u>   |       |
|          | 7b. Number of people who are under 65  | X <b>5</b> _                                |  |       |
|          | 7c. <b>Subtotal.</b> Multiply line 7a by line 7b.  | \$ 260.00                                   | Copy here=> \$260.00   |       |
| Peop     | ole who are 65 years of age or older   |   |  |       |
|          | 7d. Out-of-pocket health care allowance per person   | \$114.00                                    | <u>)                                    </u>   |       |
|          | 7e. Number of people who are 65 or older   | X0  |  |       |
|          | 7f. <b>Subtotal.</b> Multiply line 7d by line 7e.  | \$0.00                                      | Copy here=> +\$  |       |
|          | 7g. T <b>otal.</b> Add line 7c and line 7f   |   | \$ 260.00 Copy total here=> \$ 260   | 0.00  |
|          |  |   |  |       |

Case number (if known)

| Loca | al Sta   | andards      | You must use the IRS Local St   | andards to ans  | wer the   | questions in lin    | es 8-15.       |           |          |                |                                 |        |
|------|----------|--------------|---|-----------------|-----------|---------------------|----------------|-----------|----------|----------------|---------------------------------|--------|
|      |          |              | ion from the IRS, the U.S. Tru<br>ses into two parts:   | istee Program   | has div   | ided the IRS L      | ocal Stand     | ard for   | housin   | g for          |                                 |        |
| ■ н  | ousi     | ng and ut    | ilities - Insurance and operati   | na expenses     |           |                     |                |           |          |                |                                 |        |
| ■ н  | ousi     | ng and ut    | ilities - Mortgage or rent expe   | enses           |           |                     |                |           |          |                |                                 |        |
| To a | nsw      | er the aue   | stions in lines 8-9, use the U.   | S. Trustee Pro  | aram cl   | hart.               |                |           |          |                |                                 |        |
|      |          | •            | online using the link specified   |                 | Ü         |                     | <b>m</b>       |           |          |                |                                 |        |
|      |          |              | be available at the bankruptcy  |                 | mstracti  | 0113 101 11113 1011 |                |           |          |                |                                 |        |
|      |          |              | utilities - Insurance and opera<br>nount listed for your county for i                             |                 |           |                     |                |           |          | 5, fill<br>\$  |                                 | 668.00 |
| 9.   | Hou      | sing and     | utilities - Mortgage or rent exp  | oenses:         |           |                     |                |           |          |                |                                 |        |
|      | 9a.      |              | number of people you entered<br>your county for mortgage or ren                                   |                 |           |                     |                | \$        | 1,0      | 76.00          |                                 |        |
|      | 9b.      | Total ave    | rage monthly payment for all mo   | ortgages and ot | her debt  | ts secured by y     | our home.      |           |          |                |                                 |        |
|      |          | contractu    | ate the total average monthly pa<br>ally due to each secured credito<br>uptcy. Then divide by 60. |                 |           |                     |                |           |          |                |                                 |        |
|      |          | Name of      | the creditor  |                 | Averag    | ge monthly<br>nt    |                |           |          |                |                                 |        |
|      |          | Freedor      | n Mortgage Corp   |                 | \$        | 1,889.40            |                |           |          |                |                                 |        |
|      |          | Highlan      | ds Creek Phase II   |                 | \$        | 6.67                |                |           |          |                |                                 |        |
|      |          |              | Total average month   | ly payment      | \$        | 1,896.07            | Copy<br>here=> | -\$       | 1        | ,896.07        | Repeat this amount on line 33a. |        |
|      | 9c.      | Net morto    | gage or rent expense.   |                 |           |                     |                |           |          |                |                                 |        |
|      |          |              | ine 9b (total average monthly prense). If this amount is less th                                  |                 |           |                     | \$             |           | 0.00     | Copy<br>here=> | . \$                            | 0.00   |
|      |          |              | nat the U.S. Trustee Program's<br>Iculation of your monthly exp                                   |                 |           |                     |                | g is ind  | correct  | and            | \$                              | 0.00   |
|      | Exp      | olain why:   |   |                 |           |                     |                |           |          |                |                                 |        |
| 11.  | Loca     | al transpo   | rtation expenses: Check the r   | number of vehic | les for w | hich you claim      | an ownersh     | nip or op | perating | expense        |                                 |        |
|      | <b>0</b> | . Go to line | e 14.   |                 |           |                     |                |           |          |                |                                 |        |
|      | □ 1      | . Go to line | e 12.   |                 |           |                     |                |           |          |                |                                 |        |
|      | <b>2</b> | or more.     | Go to line 12.  |                 |           |                     |                |           |          |                |                                 |        |
|      |          |              | tion expense: Using the IRS Lenses, fill in the Operating Costs                                   |                 |           |                     |                |           |          |                | \$                              | 392.00 |

Albert Habeil

Debtor 1

| Debtor 1 | Albert Habeil   |                           | Case number (if known)                                 |
|----------|---|---------------------------|--|
| 13.      | Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan of more than two vehicles.  |                           |  |
| Vel      | Describe Vehicle 1: 2013 Nissan Sentra 750  | 000 miles                 |  |
| 13a.     | Ownership or leasing costs using IRS Local Standard   |                           | \$ <u>497.00</u>                                       |
| 13b.     | Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.   |                           |  |
|          | To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.                                      |                           | at   |
|          | Name of each creditor for Vehicle 1   | Average monthly payment   |  |
|          | Ally Financial  | \$ 118.52                 |  |
|          | Total Average Monthly Payment   | \$118.52                  | Copy here => -\$118.52 Repeat this amount on line 33b. |
| 13c.     | Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this amount is less than \$0,  | enter \$0.                | \$ 378.48 Copy net Vehicle 1 expense here => \$ 378.48 |
| Vel      | Describe Vehicle 2: 2011 Dodge Ram 1500   | 109915 miles              |  |
| 13d.     | Ownership or leasing costs using IRS Local Standard   |                           | \$\$   |
| 13e.     | Average monthly payment for all debts secured by Vehicle 2. leased vehicles.  | Do not include costs fo   | or   |
|          | Name of each creditor for Vehicle 2   | Average monthly payment   |  |
|          | Florida Central Credit  | \$ 288.83                 |  |
|          | Total Average Monthly Payment   | \$8                       | Copy Repeat this amount on line 33c.                   |
| 13f.     | Net Vehicle 2 ownership or lease expense  |                           | Copy net<br>Vehicle 2                                  |
|          | Subtract line 13e from line 13d. if this amount is less than \$0,   | , enter \$0               | \$ 208.17 expense here => \$ 208.17                    |
| 14.      | <b>Public transportation expense:</b> If you claimed 0 vehicles in <i>Transportation</i> expense allowance regardless of whether you  |                           |  |
| 15.      | Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Transp</i> | hat you believe is the ap |  |

Debtor 1 Albert Habeil Case number (if known)

| Oth |   | In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories.   | for  |          |
|-----|---|---|------|----------|
| 16. | self-employment taxes, soci<br>your pay for these taxes. Ho   | mount that you will actually owe for federal, state and local taxes, such as income taxes, ial security taxes, and Medicare taxes. You may include the monthly amount withheld from owever, if you expect to receive a tax refund, you must divide the expected refund by 12 om the total monthly amount that is withheld to pay for taxes. |      |          |
|     | Do not include real estate, s                                 | sales, or use taxes.  | \$   | 894.34   |
| 17. | <b>Involuntary deductions:</b> T contributions, union dues, a | he total monthly payroll deductions that your job requires, such as retirement nd uniform costs.  |      |          |
|     | Do not include amounts that                                   | t are not required by your job, such as voluntary 401(k) contributions or payroll savings.  | \$   | 0.00     |
| 18. | filing together, include paym                                 | nonthly premiums that you pay for your own term life insurance. If two married people are nents that you make for your spouse's term life insurance. Do not include premiums for life ints, for a non-filing spouse's life insurance, or for any form of life insurance other than  | \$   | 0.00     |
| 19. |   | The total monthly amount that you pay as required by the order of a court or a spousal or child support payments.   |      | 0.00     |
|     | Do not include payments on                                    | past due obligations for spousal or child support. You will list these obligations in line 35.  | \$   | 0.00     |
| 20. | Education: The total month as a condition for your jo         | nly amount that you pay for education that is either required:<br>b, or   |      |          |
|     | for your physically or me                                     | ntally challenged dependent child if no public education is available for similar services.   | \$   | 0.00     |
| 21. | Childcare: The total monthl                                   | ly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.   |      |          |
|     | Do not include payments for                                   | r any elementary or secondary school education.   | \$   | 0.00     |
| 22. | that is required for the healt                                | benses, excluding insurance costs: The monthly amount that you pay for health care h and welfare of you or your dependents and that is not reimbursed by insurance or paid to Include only the amount that is more than the total entered in line 7.  |      |          |
|     | Payments for health insurar                                   | nce or health savings accounts should be listed only in line 25.  | \$   | 0.00     |
| 23. | for you and your dependent                                    | <b>lephone services:</b> The total monthly amount that you pay for telecommunication services s, such as pagers, call waiting, caller identification, special long distance, or business cell necessary for your health and welfare or that of your dependents or for the production of ed by your employer.                                |      |          |
|     | , ,   | r basic home telephone, internet and cell phone service. Do not include self-employment ported on line 5 of Official Form 122A-1, or any amount you previously deducted.  | +\$_ | 0.00     |
| 24. | Add all of the expenses al<br>Add lines 6 through 23.         | lowed under the IRS expense allowances.   | \$   | 4,851.99 |

Debtor 1 Albert Habeil Case number (if known)

| Add | itional   | Expense Deductions These are addi   | tional de             | ductio                | ons allowed by the                        | e Means Test.   |     |          |
|-----|---|---|-----------------------|-----------------------|---|---|-----|----------|
|     |   | Note: Do not in   | clude an              | у ехр                 | ense allowances                           | listed in lines 6-24.   |     |          |
| 25. | insura  | n insurance, disability insurance, and he<br>nce, disability insurance, and health savin<br>ependents.  |                       |                       |   |   | r   |          |
|     | Health  | insurance   |                       | \$                    | 1,208.65                                  |   |     |          |
|     | Disabi  | lity insurance  |                       | \$_                   | 0.00                                      |   |     |          |
|     | Health  | savings account   | 4                     | + \$ _                | 0.00                                      |   |     |          |
|     | Total   |   |                       | \$_                   | 1,208.65                                  | Copy total here=>   | \$  | 1,208.65 |
|     | Do you  | u actually spend this total amount?   | l                     |                       |   |   |     |          |
|     |   | No. How much do you actually spend?   |                       |                       |   |   |     |          |
|     |   | Yes   |                       | \$                    |   |   |     |          |
| 26. | continu   | nued contributions to the care of house<br>ue to pay for the reasonable and necessal<br>ousehold or member of your immediate fa<br>e contributions to an account of a qualified | y care a<br>mily who  | nd sup<br>is un       | pport of an elderly<br>able to pay for su | y, chronically ill, or disabled member of<br>ich expenses. These expenses may | \$  | 0.00     |
| 27. |   | ction against family violence. The reaso of you and your family under the Family V  |                       |                       |   |   |     |          |
|     | By law  | , the court must keep the nature of these   | expenses              | s conf                | idential.                                 |   | \$  | 0.00     |
| 28. | 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. |   |                       |                       |   |   |     |          |
|     | If you I<br>8, then   | believe that you have home energy costs in fill in the excess amount of home energy   | costs.                |                       |   |   |     |          |
|     |   | sust give your case trustee documentation at claimed is reasonable and necessary.   | of your a             | actual                | expenses, and ye                          | ou must show that the additional  | \$  | 0.00     |
| 29. | \$170.8   | ation expenses for dependent children of 33* per child) that you pay for your dependent elementary or secondary school.   | who are<br>lent child | <b>youn</b><br>Iren w | ger than 18. The tho are younger the      | monthly expenses (not more than nan 18 years old to attend a private or       |     |          |
|     |   | ust give your case trustee documentation<br>d is reasonable and necessary and not al  |                       |                       |   |   |     |          |
|     | * Subje   | ect to adjustment on 4/01/22, and every 3   | years aft             | er tha                | at for cases begur                        | n on or after the date of adjustment.   | \$  | 0.00     |
| 30. | higher  | onal food and clothing expense. The m than the combined food and clothing allow % of the food and clothing allowances in t  | vances i              | n the I               | IRS National Star                         |   |     |          |
|     |   | d a chart showing the maximum additional tions for this form. This chart may also be  |                       |                       | •   | · · · · · · · · · · · · · · · · · · ·   |     |          |
|     | You m   | ust show that the additional amount claim   | ed is rea             | sonat                 | ole and necessary                         | <b>/</b> .  | \$  | 0.00     |
| 31. |   | nuing charitable contributions. The amonents to a religious or charitable organizat   |                       |                       |   | ntribute in the form of cash or financial                                     | +\$ | 0.00     |
| 32. |   | II of the additional expense deductions<br>nes 25 through 31.   |                       |                       |   |   | \$  | 1,208.65 |

Debtor 1 Albert Habeil Case number (if known)

| Dedu | ctions for Debt Payment   |  |       |                                 |               |                          |                        |
|------|---|--|-------|---------------------------------|---------------|--------------------------|------------------------|
|      | or debts that are secured by an interes<br>ans, and other secured debt, fill in lin       | st in property that you own, including home es 33a through 33e.  | e mor | rtgages, vehicle                | •             |                          |                        |
|      | o calculate the total average monthly pay<br>editor in the 60 months after you file for l | ment, add all amounts that are contractually doankruptcy. Then divide by 60.   | ue to | each secured                    |               |                          |                        |
|      | Mortgages on your home:   |  |       |                                 |               |                          | erage monthly<br>yment |
| 33a. | Copy line 9b here   |  |       |                                 | =>            | \$                       | 1,896.07               |
|      | Loans on your first two vehicles:   |  |       |                                 |               |                          |                        |
| 33b. | Copy line 13b here  |  |       |                                 | =>            | \$_                      | 118.52                 |
| 33c. |   |  |       |                                 | =>            | \$_                      | 288.83                 |
| 33d. | List other secured debts:   |  |       |                                 |               |                          |                        |
| Name | of each creditor for other secured debt   | Identify property that secures the debt  |       | Does payn include tax insurance | es or         |                          |                        |
|      |   | 2016 Chrysler Town & Country 56  | 000   | ■ No                            |               |                          |                        |
|      | Onemain   | miles  | 000   | ☐ Yes                           | ;             | \$                       | 467.13                 |
| -    |   |  |       | □ No                            |               | · -                      |                        |
|      |   |  |       | ☐ Yes                           |               | ¢                        |                        |
| -    |   | _  |       |                                 | •             | \$_                      |                        |
|      |   |  |       | □ No                            |               |                          |                        |
|      |   |  |       | ☐ Yes                           | ;             | +\$                      |                        |
| 33e. | Total average monthly payment. Add lin  | nes 33a through 33d  | \$_   | 2,770.5                         | 5 t           | copy<br>otal<br>ere=>    | \$                     |
|      |   | secured by your primary residence, a vehic pport or the support of your dependents?  | le,   |                                 |               |                          |                        |
|      | No. Go to line 35.  |  |       |                                 |               |                          |                        |
|      |   | pay to a creditor, in addition to the payments sion of your property (called the <i>cure amount</i> ). information below.  |       |                                 |               |                          |                        |
| Name | e of the creditor   | Identify property that secures the debt  |       | Total cure amount               |               |                          | Monthly cure amount    |
| Flor | ida Central Credit  | 2011 Dodge Ram 1500 109915 miles   |       | \$ 1,592.3                      | <b>2</b> ÷ 60 | 0 = \$                   | 26.54                  |
| Free | edom Mortgage Corp  | 7112 Highlands Creek Ave Lakeland,<br>FL 33813 Polk County<br>Lot 106, HIGHLANDS CREEK PHASE<br>TWO, a subdivision according to the<br>plat thereof recorded in Plat Book 16<br>Pages 24 to 28, in the Public Records<br>of Polk County, Florida | 7,    | \$ 11,580.6                     | 1 ÷ 60        | O = \$                   | 193.01                 |
|      |   | Tota   | \$_   | 219.5                           | C             | O = +\$ Copy otal sere=> | \$\$                   |

## Case 8:19-bk-03566-CPM Doc 1 Filed 04/18/19 Page 53 of 62

| Debtor 1 | Albe | rt Habeil c   | Case nu | umber (if known) |    |          |              |
|----------|------|---|---------|------------------|----|----------|--------------|
|          |      | twe any priority claims such as a priority tax, child support, or alimony - to due as of the filing date of your bankruptcy case? 11 U.S.C. $\S$ 507. | hat     |                  |    |          |              |
|          | No.  | Go to line 36.  |         |                  |    |          |              |
| -        | Yes. | Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.     |         |                  |    |          |              |
|          |      | Total amount of all past-due priority claims  | \$      | 9,752.           | 28 | ÷ 60 = 3 | \$<br>162.54 |

| Debtor 1 | Albe           | ert Habeil   |                         |                | Case nu               | umber (if known) |                |                 |          |
|----------|----------------|--|-------------------------|----------------|-----------------------|------------------|----------------|-----------------|----------|
|          | For more       | eligible to file a case under Chapte<br>information, go online using the link<br>ons for this form. Bankruptcy Basics r                          | for Bankruptcy Basi     | ics specified  |                       |                  |                |                 |          |
|          | ■ No.          | Go to line 37.   |                         |                |                       |                  |                |                 |          |
|          |                | Fill in the following information.   |                         |                |                       |                  |                |                 |          |
|          |                | Projected monthly plan payment if y  | ou were filing under    | Chapter 13     | \$                    |                  |                |                 |          |
|          |                | Current multiplier for your district as<br>Administrative Office of the United and North Carolina) or by the Executor (for all other districts). | States Courts (for dis  | stricts in Ala |                       |                  |                |                 |          |
|          |                | To find a list of district multipliers the link specified in the separate in be available at the bankruptcy clerk                                | structions for this for |                |                       |                  | Conv           | total           |          |
|          |                | Average monthly administrative exp   | ense if you were fili   | ng under Ch    | apter 13              | \$               |                | => \$           |          |
| 37.      |                | of the deductions for debt payme es 33e through 36.  | nt.                     |                |                       |                  |                | \$3             | ,152.64  |
| Tota     | al Deduc       | tions from Income  |                         |                |                       |                  |                |                 |          |
| 38.      | Add all d      | of the allowed deductions.   |                         |                |                       |                  |                |                 |          |
|          |                | ne 24, All of the expenses allowed ur<br>e allowances  | nder IRS                | \$             | 4,851.99              |                  |                |                 |          |
|          | Copy lir       | ne 32, All of the additional expense d   | eductions               | \$             | 1,208.65              |                  |                |                 |          |
|          | Copy lin       | ne 37, All of the deductions for debt p  | payment                 | +\$            | 3,152.64              |                  |                |                 |          |
|          |                |  | Total deductions        | \$             | 9,213.28              | Copy total I     | here=>         | · \$            | 9,213.28 |
| Part 3   | Det            | termine Whether There is a Presur  | nption of Abuse         |                |                       |                  |                |                 |          |
| 39.      | Calculat       | e monthly disposable income for 6  | 60 months               |                |                       |                  |                |                 |          |
|          | 39a. Co        | ppy line 4, adjusted current monthly in  | ncome                   | \$             | 7,692.28              |                  |                |                 |          |
|          |                | ppy line 38, Total deductions  |                         | -\$            | 9,213.28              |                  |                |                 |          |
|          |                | onthly disposable income. 11 U.S.C. abtract line 39b from line 39a   | § 707(b)(2).            | \$             | -1,521.00             | Copy<br>here=>\$ | 1              | ,521.00         |          |
|          | For the        | next 60 months (5 years)   |                         |                |                       |                  | x 60           |                 |          |
|          |                |  |                         |                |                       |                  |                |                 |          |
|          | 39d. <b>To</b> | otal. Multiply line 39c by 60  |                         | 39d.           | \$                    | 1,260.00         | Copy<br>here=> | \$              | ,260.00  |
| 40.      | Find out       | whether there is a presumption o   | f abuse. Check the I    | box that app   | lies:                 |                  |                |                 |          |
|          | ■ The I        | line 39d is less than \$8,175*. On the   | e top of page 1 of thi  | s form, chec   | k box 1, <i>There</i> | is no presur     | nption of ab   | use. Go to Part | 5.       |
|          |                | line 39d is more than \$13,650*. On 4 if you claim special circumstances.  |                         | this form, ch  | eck box 2, <i>The</i> | ere is a presu   | ımption of al  | buse. You may   | fill out |
|          | ☐ The I        | line 39d is at least \$8,175*, but not   | more than \$13,650      | *. Go to line  | 41.                   |                  |                |                 |          |
|          | *Subject       | to adjustment on 4/01/22, and every  | 3 years after that for  | r cases filed  | on or after the       | date of adjus    | stment.        |                 |          |

| Debtor 1 | Albe   | ert Habeil  | Case no   | umber (if known)     |                |                      |
|----------|--------|---|-----------|----------------------|----------------|----------------------|
| 41.      | 41a.   | Fill in the amount of your total nonpriority unsecured debt. If you filled of A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form. | out<br>n  | S x .25              |                |                      |
|          | 41b.   | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i) Multiply line 41a by 0.25   | / / /     | S                    | Copy<br>here=> | \$                   |
| 25       | % of y | ne whether the income you have left over after subtracting all allowed de<br>your unsecured, nonpriority debt.<br>he box that applies:  | leduction | ons is enough to pa  | у              |                      |
|          |        | <b>39d is less than line 41b.</b> On the top of page 1 of this form, check box 1, <i>The</i> Part 5.  | here is i | no presumption of ab | use.           |                      |
|          |        | <b>39d is equal to or more than line 41b.</b> On the top of page 1 of this form, che <i>umption of abuse.</i> You may fill out Part 4 if you claim special circumstances. T   |           |                      |                |                      |
| Part 4:  | Giv    | ve Details About Special Circumstances  |           |                      |                |                      |
|          |        | we any special circumstances that justify additional expenses or adjustme alternative? 11 U.S.C. § $707(b)(2)(B)$ .   | ments o   | of current monthly i | ncome fo       | or which there is no |
| ■ N      | lo. Go | o to Part 5.  |           |                      |                |                      |
| □ Y      |        | I in the following information. All figures should reflect your average monthly em. You may include expenses you listed in line 25.   | expens    | e or income adjustme | ent for ea     | ach                  |
|          | ne     | ou must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation justments.  |           |                      |                |                      |
|          | G      | Sive a detailed explanation of the special circumstances  |           | ge monthly expens    | е              |                      |
|          |        |   | \$_       |                      |                |                      |
|          |        |   | \$_       |                      |                |                      |
|          |        |   | \$_       |                      |                |                      |
|          |        |   | \$_       |                      |                |                      |
| Part 5:  | Sic    | gn Below  |           |                      |                |                      |
| art o.   |        | gning here, I declare under penalty of perjury that the information on this state   | ement     | and in any attachmer | nts is true    | and correct.         |
|          | χ /s   | / Albert Habeil   |           |                      |                |                      |
|          |        | bert Habeil<br>gnature of Debtor 1  |           |                      |                |                      |
| Da       |        | pril 18, 2019   |           |                      |                |                      |
|          |        | M/DD/YYYY   |           |                      |                |                      |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |  |
|------------|--------------------|--|
| \$245      | filing fee         |  |
| \$75       | administrative fee |  |
| + \$15     | trustee surcharge  |  |
| \$335      | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

# **United States Bankruptcy Court Middle District of Florida - Tampa Division**

| Albert Habeil                 |   | Case No.              |                       |
|-------------------------------|---|-----------------------|-----------------------|
|                               | Debtor(s)   | Chapter               | 7                     |
| VI                            | ERIFICATION OF CREDITO                              | R MATRIX              |                       |
| bove-named Debtor hereby veri | fies that the attached list of creditors is true an | d correct to the best | of his/her knowledge. |
| e: <b>April 18, 2019</b>      | /s/ Albert Habeil Albert Habeil                     |                       |                       |

Signature of Debtor

Albert Habeil 7112 Highlands Creek Ave Lakeland, FL 33813 Florida Central Credit 3333 Henderson Blvd Tampa, FL 33609 Progressive Leasing 256 West Data Drive Draper, UT 84020

Eva Donohue Eva Donohue, P.A. PO Box 5074 Lakeland, FL 33807

Freedom Mortgage Corp PO Box 50485 Indianapolis, IN 46250-0485 Receivable Solutions, Inc. PO Box 1984 Southgate, MI 48195-0984

Ally Financial 200 Renaissance Ctr Detroit, MI 48243 Highlands Creek Phase II c/o AIA Property Management 2108 E. Edgewood Dr. Lakeland, FL 33803 Suntrust Cardmember Services PO Box 621569 Orlando, FL 32862-1569

Asset Recovery Solutions, LL 2200 E Devon Ave Ste 200 Des Plaines, IL 30018-4501 Internal Revenue Service Centralized Insolvency Opera PO box 7346 Philadelphia, PA 19101-7346 Suntrust Bank 303 Peachtree St NE GA-Atlanta-0643 Atlanta, GA 30308

Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238 Lvnv Funding Llc C/o Resurgent Capital Services Greenville, SC 29602

Watson Clinc P.O. Box 95004 Lakeland, FL 33804-5004

Capstone Credit & Coll 120 W Lutz Lake Fern Rd Lutz, FL 33548 Onemain PO Box 64 Evansville, IN 47701-0064 Waypoint Resource Grou Po Box 8588 Round Rock, TX 78683

Commonwealth Financial 245 Main St Dickson City, PA 18519 Online Collections Po Box 1489 Winterville, NC 28590

Credit Control, LLC 7130 Goodlett Farms Parkway Suite 110W PO Box 34111 Cordova, TN 38016 Osprey Emergency Physicians PO Box 8250 Philadelphia, PA 19101-8250

First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107 Progressive Leasing 10619 South Jordan Gateway Suite 100 South Jordan, UT 84095 B2030 (Form 2030) (12/15)

## United States Bankruptcy Court Middle District of Florida - Tampa Division

| In re     | Albert Habeil   |   | Case N                                | 0.                                    |          |
|-----------|---|---|---------------------------------------|---------------------------------------|----------|
|           |   | Debtor(s)   | Chapte                                | 7                                     |          |
|           | DISCLOSURE OF COMPENS   | SATION OF ATTO  | RNEY FOR                              | DEBTOR(S)                             |          |
| (         | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), compensation paid to me within one year before the filing one rendered on behalf of the debtor(s) in contemplation of contemplation.   | of the petition in bankruptcy,  | or agreed to be p                     | aid to me, for services rendered or t | to       |
|           | For legal services, I have agreed to accept   |   | \$                                    | 1,550.00                              |          |
|           | Prior to the filing of this statement I have received   |   | \$                                    | 1,550.00                              |          |
|           | Balance Due   |   | \$                                    | 0.00                                  |          |
| 2. 5      | <b>335.00</b> of the filing fee has been paid.  |   |                                       |                                       |          |
| 3.        | The source of the compensation paid to me was:  |   |                                       |                                       |          |
|           | ■ Debtor □ Other (specify):   |   |                                       |                                       |          |
| 4. 7      | The source of compensation to be paid to me is:   |   |                                       |                                       |          |
|           | ■ Debtor □ Other (specify):   |   |                                       |                                       |          |
| 5.        | ■ I have not agreed to share the above-disclosed compens  | sation with any other person  | unless they are m                     | embers and associates of my law fir   | rm.      |
|           | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names  |   |                                       |                                       | <b>L</b> |
| <b>6.</b> | In return for the above-disclosed fee, I have agreed to rende   | er legal service for all aspect   | s of the bankrupto                    | y case, including:                    |          |
| l<br>C    | a. Analysis of the debtor's financial situation, and renderin b. Preparation and filing of any petition, schedules, statements. c. Representation of the debtor at the meeting of creditors. d. [Other provisions as needed]  Negotiations with secured creditors to red reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on house | ent of affairs and plan which<br>and confirmation hearing, an<br>uce to market value; exe<br>as needed; preparation | may be required; and any adjourned be | nearings thereof;                     |          |
| 7. I      | By agreement with the debtor(s), the above-disclosed fee de Representation of the debtors in any dischary other adversary proceeding.   | oes not include the following nargeability actions, judi  | g service:<br>cial lien avoida        | nces, relief from stay actions        | or       |
|           |   | CERTIFICATION   |                                       |                                       |          |
|           | certify that the foregoing is a complete statement of any agankruptcy proceeding.   | greement or arrangement for   | payment to me for                     | or representation of the debtor(s) in |          |
| Α         | pril 18, 2019   | /s/ Eva Donohue   |                                       |                                       |          |
| Date      |   | Eva Donohue 057   |                                       |                                       |          |
|           |   | Eva Donohue, P.   |                                       |                                       |          |
|           |   |   | 07                                    |                                       |          |
|           |   | 863-687-6400 Fa   | x: 863-687-6440                       | )                                     |          |
|           |   |   | n.com                                 |                                       |          |
|           |   | Signature of Attorne<br>Eva Donohue, P.<br>PO Box 5074<br>Lakeland, FL 338  | o7<br>07<br>x: 863-687-6440           | )                                     |          |